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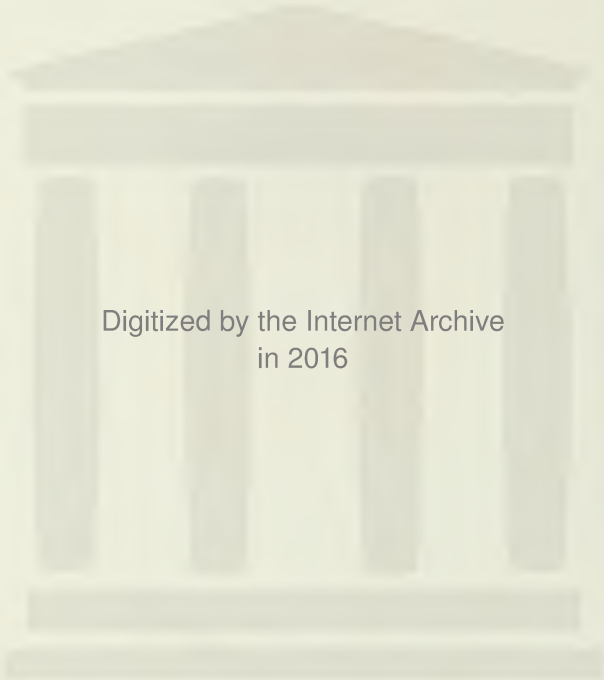
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MENTAL HEALTH ADVISORY BOARD OF SAN FRANCISCO

1380 HOWARD STREET, ROOM 450, SAN FRANCISCO, CA 94103

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12/16/92

Notice of a Special Meeting of
the Mental Health Advisory Board:

Wednesday, December 16, 1992
5:30 P.M.
4th Floor Conference Room
1380 Howard Street

Agenda

The Board will meet in Executive Session, pursuant to Government Code 54957, for the purpose of considering personnel matters. This is the only business to be conducted; it is a closed meeting.

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MEETING OF THE FULL BOARD
Wednesday, January 13, 1993
1380 Howard, 4th Floor Conference Room
7:00 P.M.

AGENDA:

I. Call to Order/Approval of Minutes

II. Report of Chair

III. Report of Deputy Director

IV. Action on recommendations for new MHAB ordinance (and discussion, if needed)

V. Committee Reports/Action:
1. Planning & Policy Committee: Adopt report on Action Plan
2. Executive Committee: Discussion of DPH Mission Statement and Vision Statement
3. Program Assessment
4. Issues Committee
5. Consumer and Provider Task Forces

VI. Report of slate for officers from Nominating Committee

VII. Presentation by Roy Crew
- Office of Consumer Services
- Work being done to involve consumers and family members in planning and evaluating services
- Proposals for development of self help programs and educational series for consumers and family members

NOTE: MHAB may want to indicate support for and/or recommendations regarding ongoing work in this area.

VIII. Adjournment

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UNADOPTED MINUTES
Wednesday, January 13, 1993
1380 Howard, 4th Floor

PRESENT: Everett P. Brandon; Robin Cooper, M.D.; Darwin Dias; Ed de la Cruz; Mary Gullekson, Ph.D.; Ann Jennings; Lois A. Jones;Nancy Messersmith; George Meyer, M.D.; Amelia Morgan; Lucille Ramstetter, R.N., M.N.S.; Phyllis Spanglet; Lester Olmstead Rose (for Supervisor Alioto)

ABSENT: Carmen Eribes Gonzalez; Rich Samples

ALSO PRESENT: Jeff Jue, LCSW (DMH); Judith Stevenson (Provider Task Force); Roy Crew (Office of Self Help); M.P.R. Howard (Consumer Task Force); John Brauer (CVE); Glenda Jeung (Keystone); David Smith (CVE); Vivian Imperiale (Alliance for the Mentally Ill); Mary Sue Planck (MHAB staff)

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order at 7:00 P.M. by Chair Everett Brandon. The minutes of the November meeting were approved, with the following correction: Amelia Morgan should have been listed as present.

II. REPORT OF THE CHAIR

Mr. Brandon said that there is much going on with the budget. He referred to a meeting of Dr. Baxter's Ad Hoc Committee, which he has been attending. Mental Health is looking at a $9.2 million cut, from the City budget only. He also talked about the Board's Retreat on January 9, saying it had been very successful. Board member attendance was excellent. He thanked CVE for the good refreshments they provided, and Nancy Presson and Jeff Jue for giving up their Saturday to be there.

Mr. Brandon also announced some opportunities for MHAB member involvement:

•The Greater Bay Area Mental Health Directors are meeting next week; they have invited MHAB members to a joint session with them in the afternoon.
•Quality Assurance Integration Task Force - will be working to bring Substance Abuse into the Q.A. system. Need MHAB representative. First meeting February 16.
•Inpatient Transition Task Force - Alex Anagnos needs an MHAB person for this group. Contact him or Mary Sue Planck.

III. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue said his report would cover three areas: State Issues, Planning Schedule and Budget Highlights.

The State Department of Mental Health (DMH) was on the chopping block, but has been saved by a recommendation that there be a governance study. DMH has engaged a consultant who is having a thorough look at the Welfare and Institutions (W&I) Code, line by line, to determine the staff's purpose and function. The largest number of staff are in audits,utilization & control and MediCal utilization review. DMH's fate is still on the table. It may end up being a commission, or merging with Social Services.

There is a State Master Plan on managed care. It mostly deals with physical health; mental health and substance abuse are not formally addressed. By inference it may lead to a "carve out" of mental health, which many constituency groups would prefer. There are two kinds of MediCal - fee for service and Short Doyle. Most would like to see them merged.

This time, Mr. Jue said, with most mental health funding at the local level, there are not big state cuts. Now it looks like an increase, but much depends on things like federal help for immigrants. Asked if there was a Director yet for DMH, he said that they are still recruiting. Asked where children's services would end up, he didn't know. It is possible that they could be put under the Office of Children's Services, which was created by the Governor and is directed by Maureen DiMarco. A Board member commented that this office does not actually have any services at this point, just a title.

Regarding the roles of the state DMH, its priorities are:
1. Advocacy and leadership
2. Seeking federal money - MediCal
3. Oversight and monitoring
4. Direct services (there are 7 or 8, including mandated services)

Questions to resolve include, if # 1 is the priority, what method/model of governance works best? Something like a Health Commission?

Asked what would be the effect of a "carve out" on substance abuse services, Mr. Jue quoted a state person who said that the amount of money in Substance Abuse MediCal is so small compared to physical health and even mental health, that they use it to kind of round out the figures. The dollar amount is not large.

Asked about the State Planning Council, Mr. Jue said that it was legislated but appointments have not been made. The legislation did not address who has the authority to appoint.

On the local planning schedule, the Action Plan was approved by the Health Commission yesterday. The Long Term Care Task Force is due to come out with its report within a couple of weeks. The Target Population Group has a draft. Cultural Competency is working on a draft; it is due at the end of the month. The Consumer Guided group has a report in draft form and Performance Outcomes has one in process. Self Help has turned in a draft; Integrated Service Clusters has a draft. Acute Care Reduction is in process; John Riggs is working on Residential Enhancement. IMD Rate Reductions has completed negotiations. Regarding Napa State Hospital, San Francisco is using 123 beds today, down from 160. Carmen Carrillo has a proposal in for Housing Development. Regarding detox services, federal grant funds have been obtained for triple diagnosis - mental health, substance abuse and HIV. There will be about $3 million for a medical detox program, $2 million from Ryan White Care funds, $1.5 million from the Tom Smith detox program which will be converted for this use. On the Rehab Option, there will be more to report on that soon, and Managed Care is in process.

Regarding the budget, he said that, as he reported at the retreat, the target for deficit reduction is $9.5 million. He said that they have recommended enhancement in four areas: vocational rehabilitation, supported housing, self help and residential care. Everything else will be cut. They have been using the recommendations from the reform work they have been doing. Projected amounts for cuts include $400,000 to Children's, $1.8 million to Substance Abuse and $5.8 or $6 million for Mental Health. The Mental Health cuts would break down to $2.5 million from community services and $1.8 million from residential and acute services. Some of it will be annualized. They will be hammering out details and know more next week.

IV. REPORT OF THE NOMINATING COMMITTEE

Mr. Brandon explained that the nominating committee would announce its slate tonight and, at next month's meeting, people may make additional nominations from the floor, after which the election will be held.

Mary Gullekson, who chaired the Nominating Committee, reported. She noted, first of all, that the people on the Nominating Committee are not available to be officers. The Committee came up with two issues which they thought should be addressed when the Board looks at revising the bylaws: Do we want term limits for officers? Should there be a minimum length of time a person has to serve before becoming an officer? She then announced the following slate, noting that there are two candidates for Chair and two for Secretary. Those are:

Chair: Everett Brandon
Amelia Morgan

Vice Chair: Ann Jennings

Secretary: Rich Samples
Phyllis Spanglet

At this point, Mr. Brandon had to leave. Since the offices of Vice Chair and Secretary are currently empty, Amelia Morgan took over the chair as a representative of the Executive Committee.

V. COMMITTEE REPORTS

Planning & Policy

Action Plan: Ms.Morgan reported. The MHAB Report and Recommendations on the Action Plan Status Report, which was included in the packet as Attachment A, had to be sent to the Health Commission in time for their hearing, so they were authorized to do that by the Executive Committee, subject to ratification by the full Board. The Board took the following action:

MSP to ratify the action of the Executive Committee in authorizing the transmittal of the MHAB Report and Recommendations on the Action Plan Status Report for 91-93. A copy of the report will be attached to these minutes.

C.E & I Response to Program Review and MHAB Recommendations: Ms. Morgan referred members to Attachment B. The Board, when it reviewed C.E. & I's grant renewal request, had identified a few concerns which it wrote

to them about. They included doing more to involve consumers and family members in decision making, training and other aspects of their program; better addressing the needs of the African American Community and hiring a male educator as all their educators are female. The second and third of these also appeared as recommendations in the program review done of C.E. & I. this year. C.E. & I. responded with a letter which was included in Attachment B. The Planning & Policy Committee was glad to see the addition of three African American staff and a male intern, but would like to know more about how consumer Guidance is being implemented by this program, as called for in the Strategic Plan and under Realignment. They felt that the program review process, particularly the client interviews, would be the best way to get that information. The Board acted as follows:

MSP to write to Sherry Barto, requesting that C.E. & I. be scheduled for a program review early in this year's review process. Further request that two MHAB members be included on the review team, including at least one from a minority group.

Performance Outcome Measures for Children: Lois Jones explained. Referring to Attachment C, which was a letter sent by the MHAB to Sacramento in November outlining concerns about how those outcome measures are developed and requesting to be kept up to date, she asked for permission to ask them for current reports. She also wants to ask them (The State) what work has been done, and how they define the target population and what specific performance outcomes for kids they have developed. The Board took the following action:

MSP to authorize Ms. Jones to communicate with the DMH Children, Youth and Families Section, for the purpose of asking for reports and asking questions about their work.

Issues Committee

Robin Cooper reported. The Committee has been looking at relationships with the police, the depth of their involvement with psychiatric emergencies, and information about restraints and seclusion. For the last year, they have also had a charge to deal with housing. The Committee did not have a formal meeting last month, but did caucus at the Retreat. They had been asked to review the CHAS (Comprehensive Housing Affordability Strategy) report for this year. The report had only a few lines about housing for the mentally ill. The progress report contained some distressing information: San Francisco lost a grant because it did not demonstrate coordinated efforts. She is working on a letter to send them, to add to the MHAB's previously adopted position paper on housing for mentally ill persons. Among other things, she plans to say that this year's plan has fallen short of even their own projections.

Dr. Cooper continued, saying that she has learned about some available federal money to provide technical assistance in designing housing for the mentally ill. She will be meeting with Carmen Carrillo to see if it makes sense to use this person, at no cost to the Division.

There is a major concern over the recent very cold and wet weather and the homeless. New emergency services are being started. Dr. Cooper actually received a request from the Mayor's office. Mr. Jue referred to efforts over Christmas at the emergency shelters. The staff was really overworked. He acknowledged the need for support services for this population. Health Care for the Homeless and Bob Prentice are the lead people/group on this issue. Ed de la Cruz commented that this coalition is not a direct service and its people need training. Pat Howard stated that the KGO building has not been recertified as safe - it was red-tagged following the 89 earthquake. Nancy Messersmith said that the Coalition of Homeless Programs is not doing enough to help the homeless. She said they should know what is going on and what is available and have access to everything. She wondered if the Red Cross could provide help to the City on this.

Consumer Task Force
Ms. Morgan reported. The meeting date for January has been set at a different date than usual - it will be on January 26 to allow for a visit from a doctor from Australia. In February they will go back to meeting on the third Tuesday of each month.

Provider Task Force
They just met this week. It was their largest meeting so far. They have been talking about clusters. They grasped the concept that change is coming and if you don't change, it will happen to you. Ms. Morgan introduced Judith Stevenson from the Executive Committee of the PTF. Ms. Stevenson talked about how the PTF was started up in response to people feeling uninformed and uninvolved in changes. Not everyone needs or wants input into every decision, but they do want to be informed. No one wants line staff to wake up in July and discover "your job has changed".

VI. NEW MHAB LEGISLATION

A report of the discussions and ideas from the Retreat was prepared and supplied by Mary Sue Planck. There followed some discussion on a few of the details. For example, how many absences should be the limit during a year? The Board felt comfortable with four as the number at which a member would be removed. Provision should be made for a leave of absence, which a member could request ahead of time if he or she will have to be out of town

and knows that in advance, or after the fact if something happens and a member finds him or herself in the hospital without warning and thus has to miss meetings. A leave of absence could be for one or more meetings. The Board took the following action:

MSP to adopt the report on the Retreat and MHAB recommendations regarding new legislation.

The MHAB's recommendations will be sent to Paula Jesson of the City Attorney's office to put into draft legislation form. A small group will meet with her and Lester Olmstead Rose to make sure the MHAB's wishes on this are clearly expressed in the report and to answer questions that may arise. It is expected that Ms. Jesson's draft will be ready in time for the February Board meeting.

VII. PRESENTATION BY ROY CREW ON THE CONSUMER OFFICE AND RELATED WORK INVOLVING CONSUMERS AND FAMILY MEMBERS

Mr. Crew passed out copies of a report and proposal for self help which he has been developing. He began with an overview. Following a budget crisis a few years back, when Reiko True was the Deputy Director, he went to her about having a Consumer Task Force. She OK'd it, and within a week we were beginning the CTF. Later, under Flo Stroud, we approached her about having someone on staff here at Central Office to coordinate various consumer and family member activities, including involvement in planning, self help, and implementing consumer guidance throughout the system. We have the beginnings of a Consumer and self-help library. He invited people to come and visit the office and library, and invited people to donate or loan books and other educational materials.

As a result of efforts of the Consumer Office and the MHAB, consumers and family members are being included in virtually every DMS planning committee. Mr. Jue has encouraged their involvement. Now people like Jo Ruffin come down the hall and say "We are starting a committee; can you find someone to serve?" Mr. Crew continued, saying that they have been training interns and showing the human face of schizophrenia or manic depression. Mr. Crew and others - Amelia Morgan and Vivian Imperiale, went to a case management conference at Asilomar. He talked about peer case management. Regarding the new "cluster" arrangement of mental health services in San Francisco, he said that he has assurances that consumers and family members will be on the implementation team. He also put a chart on the blackboard showing system-funded self help, how it will work at the clusters, an NIMH System Improvement Grant for which an RFP is about to be issued, and other money that could be found for self help and consumer empowerment. He referred to having cultural/language specialities at

different clusters; one, for example, might have a Latino-Hispanic focus and have people available who speak Spanish. Another may specialize in African American targeted services, another would have an Asian focus, and so forth.

Questions and comments from Board members and others included:

- Don't say "Asian" if it is only Chinese. There are many Asian groups.

- Trainings are very important. Be sure to cover sexual trauma and abuse.

- Clusters are about movement - getting clients to the lowest level of care that they need.

- Other sources of funding you might explore are private foundations and the United Way.

Asked what he would do if the piece of money from DMS did not come through, or was smaller, he said that the project would be pruned. Anyone wanting more information about this project can contact Mr. Roy Crew at 255-3478 or the MHAB office.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:10 P.M.

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Agenda

SPECIAL MEETING OF THE FULL BOARD

Monday, January 25, 1993
1380 Howard, Room 537 (Fifth Floor)
6:00 P.M.

Special Briefing on the Budget

Jeff Jue, the Deputy Director of Health for DMS, has offered to give the Board a special briefing on the 1993-94 budget. All members who can make it are urged to attend.

SF Dept. of Public Health

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MEETING OF THE FULL BOARD
Wednesday, February 10, 1993
1380 Howard, 4th Floor Conference Room
7:00 P.M.

AGENDA:

I. Call to Order/Approval of Minutes

II. Report of Chair 10 minutes

III. Report of Deputy Director 20 minutes including questions

IV. Election of MHAB Officers ACTION ITEM

V. Site Review: Westside Community Crisis ACTION ITEM

VI. MHAB/MHA Legislation ACTION ITEM

VII. Adjournment

MENTAL HEALTH ADVISORY BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Mary Sue Planck at (415) 255-3474 at least 72 hours before the meeting. Large print copies of the agenda will be made available upon request; please call as above, 72 hours in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 7 Haight. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has ben designated on Grace Street off Howard.

4. To allow individuals with environmental illness or multiple chemical sensitivity to attend, individuals are requested to refrain from wearing perfume or other scented products.

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, February 10, 1993
1380 Howard, 4th Floor Conference Room

PRESENT: Everett P. Brandon; Robin Cooper, M.D.; Darwin Dias; Carmen Eribes Gonzalez; Mary Gullekson, Ph.D.; Lois A. Jones; Nancy Messersmith; George D. Meyer, M.D.; Amelia Morgan; Lucille Ramstetter, R.N., D.N.Sc.; Rich Samples; Phyllis Spanglet; Lester Olmstead-Rose (for Supervisor Alioto)

ABSENT: Ed de la Cruz; Ann Jennings

ALSO PRESENT: Jeffrey Jue, LCSW (DMS); Paula Jesson (Deputy City Attorney); Jo Ann Newman (Westside); Gary A. Marshall (Westside); Warren Eastman; Rochelle Mohler; Mike Stortz (Protection & Advocacy); Ed Spivak (Haight Ashbury Improvement Association); Toli Alston; Ed Dingilian; Todd L. Yapching (Westside Lodge); Ileene Sapp (Westside); Dick Christison; Margaret Sebold; Michel Lipman; Grant Johnson; Karen Crommie; Martin Salan; Ken Millman; Rusty Ollsy; Glenda Jeong (Keystone); John Brauer (CVE); William Margolis (Westside CMHC); Eleanor Jacobs (Westside); Barbara Thompson (Westside); Michael F. Wright (WSOS); Teresa Cheney; Cindy Kridle; David Gromme; Frederick Preyer (ESS Architects); John Hanna (Westside Crisis Clinic); David Smith (CVE); John Brennan; Judith Kaminsky; Tom Mosely; Richard Nakamura (Westside); Mark Grobman (St. Anthony Foundation); Janet Naesar (Westside); Jose Evans (Westside); Rinna Flohr (DMS); Suzanne Howard (Coleman & Cristison); John O'Brien (Spiritmenders); Mary Sue Planck (MHAB staff)

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Everett Brandon at 7:00 P.M. The minutes from the January meeting were approved as submitted. Because Jeffrey Jue had to leave to return to a meeting of the Local Mental Health Directors, the agenda was rearranged so that the Report of the Deputy Director could come next.

II. REPORT OF DEPUTY DIRECTOR

Mr. Jue handed out materials on budget strategy and on implementation of the system changes. He reported on the following items:

• The Mental Health Planning Council (State) - There are many new, political appointments. There is a Chair, no Vice Chair as yet. It is getting off to a slow start.

• There is a new State Director of Mental Health, Dr. Steve Mayber. He is from Yolo County, a psychologist. He has been in mental health for 20 years; this is the first time a Director has been someone who came from the County level.

• The State's Strategic Plan for Managed Care has been issued. The Mental Health part will be carved out, as we had hoped. We have spent six months working on and hashing out this piece.

• Locally, the budget we just submitted has $8.5 million in cuts. Programs will be reduced, many if not all will suffer. We had about two weeks to put it all together; it is still very rough. The budget process is usually a 6 to 9 month one; we treated it as a working document. We are working on the implementation planning process. He referred to a summary in the first few paragraphs of the material he handed out and said that the budget is built on premises of making the system changes we have all been talking about. He invited people to call him on specific items, after reading the documents.

Regarding the Cluster Implementation proposal, the last 3 - 4 pages of the handout, he reminded people that there will be reductions almost everywhere. The exceptions are vocational, self help and supported housing. He invited people to come to A meeting the next day. He referred to focus groups, where people can come to give input. Each of those groups will have co-facilitators, who will bring ideas/issues from the focus groups to a Steering Committee, called the third level, which will comprise key stakeholders. A letter went out to contractors, labor, the Alliance for the Mentally Ill, the Consumer Task Force, asking for representatives to sit on that Steering Committee. It is hoped that they will be able to arrive at consensus, within a 3 - 4 week turn around time. They are targeting mid-March. They will need to get RFP's (Requests for Proposals) out and everything is on an emergency track and moving.

III. SITE REVIEW - WESTSIDE COMMUNITY CRISIS

Westside Community Crisis Center, (formerly Mt. Zion Community Crisis but now being run by Westside) has requested the approval of a site for their program. Currently located at 2330 Post, they want to move it to 1107/1109 Oak Street, at Divisadero.

Mr. Brandon noted that Rich Samples had gone to visit the site and asked him for a report. (He also noted that the MHAB's role is to decide whether or not the site is a suitable one for the clients and the program to be located there.) Mr. Samples reported that he took a tour of the facility. It is located adjacent to the Westside Clinic. The site for the Crisis Clinic is much larger than what they have been using in the trailer at Mt. Zion. It needs renovation, but even without renovation it looks better than many mental

health programs he has seen. It is beautiful, has plenty of office space and plenty of room for clients. He added that it was the best proposed location he had ever seen for a crisis clinic. There are private spaces for interviewing clients. He lso commented that the population to be served there is a different one than that of PES (Psychiatric Emergency Services at SFGH); dangerous clients are sent to PES. He also added that it feels bad for consumers to have the feeling that they shouldn't be there.

Mr. Brandon then introduced Eleanor Jacobs, Executive Director of Westside Community Mental Health. Ms. Jacobs said that they have been at the location next door for 15 or 20 years. They serve clients in a first class environment. She then outlined the steps that have been taken by Westside to comply with the Site Approval legislation, and some of the meetings with neighbors that have taken place during the past year. She also said that they were under a deadline to move as the lease on the current location is expiring and they must be out of there by June 30, 1993.

Mr. Brandon asked for a representative of people opposing the move to make a statement. Ed Dingilian identified himself as being from the Haight Ashbury Improvement Association and the Council of District Merchants. He said that he had concerns about traffic and the number of providers in the neighborhood already. He said that patients would not be able to get there because of the increased traffic on Oak Street. He also questioned whether they really had to move by June 30. He added that there is lots of cheap property around and offered professional broker service. He also referred to a Task Force which Ms. Jacobs had invited him to sit on and said that the purpose of the Task Force was to look at alternative sites.

Mr. Brandon then opened the floor to people speaking both for and against. Highlights of their testimony follow:

•Roy Crew: Did a tour with Westside people and a neighbor. Didn't see anything that couldn't be changed to address any concerns. Regarding parking, consumers rarely have cars - most will arrive by bus or on foot. I am a neighbor; I live just as close as the Haight Ashbury and (the opponents) don't speak for me. No one has lived in that building for years so there will be no loss of living space. In some neighborhoods, business has increased at local merchants through the addition of a mental health service. This site is 100% better than the old one at Mt. Zion.

•Edward Spivak (President of Haight Ashbury Improvement Association). Disagreed with MHAB's charge - feels standards for site review should include the impact on the community as well as patient care and economics. The August meetings led to the Ad Hoc Task Force which he was invited to sit on, but it has had only one meeting. Regarding alternative site selection, there is one available at 2nd and Mission. Regarding the Oak and Divisadero site, a decent study has not been done. Parking is impossible. There will be noise issues. Asked what noise, he said that people are 5150'd while inside and that leads to noise. There are 94 services in this neighborhood and this jeopardizes the merchant community.

•Rochelle Mohler: Westside Lodge should move.

•Toli Alston: I live nearby and oppose it. Traffic is awful; my wife can't park.

•Ileene Sapp: I've heard these arguments for some time and they are the same arguments used regarding African Americans getting housing. It's "Not in my back yard". Mentally ill clients deserve more than what this city is offering. (The second and Mission site) is way down town and people don't have cars. I hope none of you ever has to use the facility.

•Bob Jacobs: I was born and raised here, for 73 years. I don't think (HAIA) represents many people. Traffic here is very busy already, with the Dept. of Motor Vehicles and the Bank of America, each of which brings more cars in an hour than (the crisis clinic) would in a day. The panhandle is already full of transients. People should look at the average person who doesn't have the funds to go to a private doctor.

•Dick Christison: (Referred to an architect's model of the proposed facility). I own property in between. My property is a historic building. People come to my door by mistake thinking that it is Westside; this will probably increase. I haven't always been notified about meetings. Young women on my staff are afraid to go out the door. Westside has done nothing to address our concerns. Asked what danger he and his staff fear, he referred to someone shooting out the window.

•Michael Lippman: There are too many facilities in one neighborhood. There will soon be more patients than people.

• A Board member: Patients are people.

•Phyllis Spanglet: The current location is also in the Western Addition so it won't change the total number of facilities there.

•Marc Grobman, St. Anthony's Foundation: I am a neighbor. We use their services. It is a crucial service to us. Our clients go into crisis. They are not dangerous, they are very vulnerable and the biggest danger is to themselves. They can be preyed on by others. The same argument about too many agencies is made everywhere. San Francisco is a very dense city and it needs more services, in every neighborhood. People should are in crisis are also not in any shape to drive themselves to the clinic.

•John Brannan: Westside can't handle the clients they have already. He referred to 1140 Oak and said that there are unsupervised children there every morning. The teacher parks in my lot. A woman wouldn't move her car. Kids are delivered by bus, and they come out in the parking lot to smoke. I don't care if they put another program here as long as they stay out of my lot.

Mr. Brandon thanked everyone and asked Rinna Flohr of the Division for any remarks. Ms. Flohr said that the Board could approve or reject or could approve with conditions. She suggested conditions including that there would be no expansion, adding that the Health Department is not interested in expanding the program's hours, as it has no money. They are asking programs to consolidate. The Division would like to see this resolved so that it doesn't have to go to the Planning Commission and that is being researched. Another condition could be if the parking requirements are met.

It was pointed out that the Board does not have power of approval of a site, it *recommends* to the Health Commission, which approves or rejects. It was also pointed out that the MHAB is on record as opposing the Site Approval Ordinance as discriminatory, but has been advised that, as long as the law is on the books it must conduct a site review or the process would be held up and the Health Commission could not act. Accordingly, the MHAB agreed to continue to participate in the process, but reiterated that its focus is on the suitability of the site for the program to be located there and the clients to be served. This includes looking at such things as safety, accessibility, space,privacy, light and cleanliness. If there are environmental problems or nonconforming (to the Planning Code) uses; that is the province of the Planning Commission. In any case, the Mental Health Board is not the agency to get involved in neighborhood disputes and does not make decisions about what to recommend based on whether or not the neighbors want a program there.

After a few more questions about whether or not this use will go to the Planning Commission (it is not known), the Board took the following action:

MSP to recommend to the Health Commission that they approve the site at 1107/1109 Oak Street for the Westside Community Crisis Clinic, with the recommendation that Westside explore the possibility of moving the entrance to the front of the building so that it would be clear to clients how to get in to the clinic.

III. ELECTION OF MHAB OFFICERS

Mr. Brandon asked Carmen Eribes Gonzales, as a representative of the Executive Committee, to chair this portion of the meeting. Ms. Gonzales announced that the Nominating Committee had presented two candidates for Chair: Everett Brandon and Amelia Morgan. She asked if there were any further nominations from the floor. Hearing none, she asked that Ms. Morgan and Mr. Brandon step out of the room, while the vote was taken. Ms. Morgan was elected. Ms. Gonzales announced that Ann Jennings was the Nominating Committee's selection for Vice Chair, and asked for nominations from the floor. Nancy Messersmith was nominated. Ms. Jennings was elected. For Secretary, the Nominating Committee presented the names of Phyllis Spanglet and Rich Samples. There were no nominations from the floor. Mr. Samples was elected.

At this point, Mr. Brandon had to leave. Ms. Morgan took over the Chair.

IV. MHAB/MHB LEGISLATION

Ms. Morgan referred to the draft legislation in members' packets as Attachment D. She noted that it was the result of the January 9th Retreat and had been prepared by Deputy City Attorney Paula Jesson from what MHAB members had said they wanted, consistent with the State legislation (AB 14). Areas marked in black were those to which a need was seen to return for further discussion, either because the will of the Board was not clear or there were legal questions. It is on the agenda tonight to be adopted, after clarifying those few items. Those items were dealt with as follows:

•How long does the member who is a representative of the Board of Supervisors serve? Lester Olmstead Rose advised that a Supervisor cannot sit for more than 8 years.

•Who appoints that representative ? Mr. Olmstead-Rose: the full Board of Supervisors.

•Add "advise the *Health Commission*" .

•Can the BOS representative send an aide to vote in her/his place? Ms. Jesson: I don't think so. There is a general rule that the Supervisor's vote is not transferrable. (Ms. Jesson was asked to provide the Board with a written opinion on this.)

•On the minimum number of consumers and family members, Ms. Morgan explained that this provision adds more specificity to the State legislation which used percentages.

•On the child and elder advocates, the desire is for them not to come out of the minimum consumer and family member numbers, but be in addition to those. There was a question about whether the advocates could be professionals. It was felt that generally, they would not, but they could be consumers or family members who also happened to be professionals and that would not disqualify them. Mr. Olmstead-Rose pointed out that this leaves the door open for the Board to be dominated by family members or consumers.

•Regarding public interest members, add a requirement that they have some experience or knowledge of mental health.

•On absences, there was discussion about the number, but it was agreed to leave it at four. After four absences, the Board of Supervisors would be notified and they would declare the seat vacant, unless the individual had requested and been granted a leave of absence. Leaves of absence could be granted for one or more meetings.

•Regarding removal of Board members for behavior that is seriously disruptive, there was discussion about what constitutes seriously disruptive conduct. Concern was expressed that it not be used to silence unpopular opinion. It was also suggested that the limits of behavior should be defined in the Bylaws. It was suggested that, for the legislation, it be made clear that, while removal would be by the Board of Supervisors, the Mental Health Board would have to request it, at a meeting of the full Board. As there was not total agreement on this, it was put to a vote. The Board acted as follows:

MSP to include in the legislation a provision for the removal of a member for behavior that is seriously disruptive to the conduct of a meeting; such removal to be done by the Board of Supervisors, at the request of the full Mental Health Board. Seriously disruptive behavior will be defined in the Bylaws.

•On Powers and Duties of the MHB, Rich Samples proposed the following addition: Review the procedures used to ensure the involvement of interested members of the mental health community and the public in the development of the budget for mental health services and report on the matter to the Board of Supervisors. Mr. Samples explained that this wording is very similar to that about the planning process. Furthermore, the State language about the planning process is weakened, so this shores up the Board's ability to advise. The Board took this action:

MSP to add the language about the budget process, as above.

•Regarding the provision that MHB members would retain their seats until their appointments expire, regardless of whether the appointing Supervisor remains on the Board of Supervisors, Mr. Olmstead-Rose said that Supervisor Alioto was happy with that arrangement and does not want to see an MHB member have to leave the Board when the Supervisor leaves the BOS.

MSP to adopt the draft legislation with the above mentioned changes and/or additions.

ACTION ITEMS

Consumer Guided Services Committee, request to see their report before it is final: Ms. Morgan explained. The Consumer/Family Member Task Force worked together with the DMS Consumer Guidance Committee on outreach to the consumer community. To that end, several public meetings were held at various community locations. The CTF was listed as a co-sponsor, and its name appears on materials and draft reports issued by the DMS committee. Accordingly, they want to see the report of this committee before it becomes final. The Board took the following action:

MSP to request that the Consumer Task Force, though the Planning and Policy Committee and the MHB, be given a copy of the draft final report of the Consumer Guided Services Committee before it is adopted.

Letter to State Association of Mental Health Boards: Ms. Morgan explained. The Consumer /Family Member Task Force learned that, at a meeting of the outgoing OMHAB (State Organization of Mental Health Advisory Boards, to be replaced by the newly constituted CALMHB or California Association of Local Mental Health Boards) there was a proposal to have a consumer slot, a family member slot and a minority representative slot on the organization's Executive Board. This proposal was defeated. The CTF requests that the MHB write to the CALMHB and protest these omissions and say that our community has serious reservations about participating in an organization that discriminates. The Board took action as follows:

MSP to write to the CALMHB, as described above.

PUBLIC COMMENT

John O'Brien had two things to bring to the attention of the Board. One was the Public Guardian's Subpayee program. Mr. O'Brien said that there had been some criticism and "coming down hard" on this program. He wanted it known that he thinks the P.G. is providing exemplary service. Any problems that may exist, he said, are coming from the case managers and not the Public Guardian. He asked that the MHB look at the Subpayee system again.

Mr. O'Brien's second concern was about some of the support service hotels such as the Midori and others administered by Conard House. He described some situations in which staff were less than helpful if not neglectful to clients living there. He suggested interviewing the clients at these hotels. Ms. Morgan agreed that the hotels need to be looked at and assigned the issue to the Program Assessment Committee, suggesting that PAC request that the support system hotels be added to the list of programs to be reviewed this year.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:30 P.M.

Public Health Dept.

SAN FRANCISCO MENTAL HEALTH BOARD

Room 510
1380 Howard Street
San Francisco, CA 94103
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MEETING OF THE FULL BOARD
Wednesday, March 10, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. SPECIAL PRESENTATION:

- **How will the new community system work together with SFGH?** With all the changes to be implemented in the community service system (clusters, single point of entry, etc), how will SFGH Psychiatric Services fit in? Robert Okin, M.D., Chief of Psychiatry at SFGH, will be present, and he and Jeff Jue jointly will discuss how these high-end services (inpatient beds, emergency) will be provided to system clients. Mr. Jue has also asked Linda Wang to join in the presentation.

IV. PUBLIC COMMENT PERIOD

Members of the public may address the Board on any issue that is under the jurisdiction of the MHB. Individual testimony is limited to three minutes; the Chair may limit total testimony to 15 minutes.

V. MHB COMMITTEE REPORTS/OTHER BUSINESS

- New committee assignments are listed in Attachment A.

- Letter of Support for NIMH System Improvement Grant Proposal ACTION ITEM; See Attachment B

VI. ADJOURNMENT

SAN FRANCISCO MENTAL HEALTH BOARD

March 10, 1993

The Minutes of this meeting are missing.

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MEETING OF THE FULL BOARD
Wednesday, April 14, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. REPORT OF DEPUTY DIRECTOR
To include update on latest round of budget cuts

IV. UPDATES, ONGOING ITEMS (OLD BUSINESS)

V. NEW BUSINESS
Long Term Care

VI. COMMITTEE REPORTS/BUSINESS
Program Assessment: Upcoming Training on Program Reviews
Issues/Executive: Ratify letter on 20-bed closure at SFGH
Planning & Policy
Children's Committee
Consumer and Provider Task Forces

VII. CLUSTER PLANNING IMPLEMENTATION - Report of the Steering Committee

VIII. PUBLIC COMMENT Opportunity for members of the public to address the Board on issues within its purview. Individual testimony may be limited to 3 minutes each.

IX. ADJOURNMENT

SAN FRANCISCO MENTAL HEALTH BOARD

Dept. of Public Health

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UNADOPTED MINUTES

Wednesday, April 14, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Amelia Morgan (Chair); Robin Cooper, M.D.; Ed de la Cruz; Darwin Dias; Mary Gullekson, Ph.D.; Ann Jennings; Lois A. Jones; Amelia Morgan; Lucille Ramstetter, R.N., D.N.Sc.; Rich Samples; Phyllis Spanglet.

BOARD MEMBERS ABSENT: Supervisor Angela Alioto; Everett Brandon; Nancy Messersmith; George Meyer, M.D.

ALSO PRESENT: Jeffrey Jue, LCSW (DMS); Jo Ruffin (DMS); Bob Surber (SFGH); Judith Stevenson (California Pacific Medical Center); John Brauer (Community Vocational Enterprises); Michael Wise (Consumer); Jane Kahan (Mental Health Association); Mary Sue Planck (MHB); Roy Crew (Office of Self Help); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Amelia Morgan at 7:05 P.M. The minutes from the March meeting were approved as submitted.

II. REPORT OF THE CHAIR

Ms. Morgan reported that she and Phyllis Spanglet had attended the regional MHB meeting. She said that among the goals for the organization are: recruiting family members and consumers, influencing the regional Mental Health Directors meetings, doing statewide lobbying, and doing outreach into ethnic communities.

She said it was decided that a statewide organization was needed, but that it should be grassroots instead of top down in structure. She said the regional MHB was meeting again on April 24th in San Mateo and that she and Lois Jones would be the voting members from San Francisco. She said others may attend these meetings.

Ms. Morgan referred to Attachment A in the Board packet, which was the statement dated April 5, 1993, and submitted to the Health Commission regarding budget cuts

and alternatives. This was read by Ann Jennings at the Health Commission Meeting on April 6, 1993.

MSP to ratify the statement to the Health Commission dated April 5, 1993.

Ms. Morgan announced that there would be time for public comment at the end of the meeting, with a limit of 3 minutes for each comment. However, she said that there would be time following the Director's Report for questions from the Board, followed by questions from the audience.

III. REPORT OF THE DIRECTOR

Jeff Jue, Deputy Director of the Division of Mental Health and Substance Abuse Services, reported that SB910 allows for reimbursement of administrative case management, which means almost anything not covered by Medi-Cal, but which supports Medi-Cal billable services. He said it this is a new source of money, requires a time study, and is figured based on a complicated formula.

He announced that the Alemany Clinic had held an open house during the day, and explained that this is a Tenderloin Clinic program on the Alemany Campus of City College.

He announced that there would be a statewide meeting during the next two days on the rehabilitation option, that rates were to be handed out, and that this would be the first indication of the amount of money that will go with this option.

He said the plans for managed care is moving ahead, and that a 180-page document had been produced concluding among other things that "Mental Health should be transitioned to local control." He said this is a major victory.

With regard to the budget, he said that an additional target of $25 million in cuts had been set and that only 3-5 working days of notice had been given for preparing new budgets. He said one option was to just cover the mandated programs, and another option was to just look at the vulnerable populations.

He said two alternatives were being promoted, the first being an across the board salary freeze, and the second being to move the Department of Public Health into an enterprise model of services. He said that in the 9 months since he has been here, DPH has been looking at a total of $78 million in cuts and Mental Health a total of $31 million. He said that this doesn't work in terms of orderly changes. He said it it were possible for administrators to do better planning and managing, and cut levels of bureaucracy, then the system would be much more stable.

He said under the enterprise model DPH would take on a contract relationship with the City. He noted that the *San Francisco Examiner* had written an editorial in support of the

idea, and that 2 other pieces had appeared supporting the creativity of the proposal. He said the Mayor and the Mayor's staff are much more caring and concerned and less contentious than in other rounds of cuts. He said under the enterprise model there would be no service cuts.

He said that the $8.2 million first round of cuts had been finalized and would be presented to the Health Commission at their next meeting. He said that contractors and staff were currently being notified. He said most of the cuts were to outpatient and day treatment services, not to the community support services like case management, advocacy, and residential care.

Mr. Jue thanked Amelia Morgan and Robin Cooper for putting so much extra time into looking through hundreds of pages of recommendations regarding the cluster model and finalizing those recommendations.

Mr. Jue detailed the proposals being sent over to the Health Commission with the recommendation that they be adopted as policy of DPH. The 4 proposals are as follows:

1. The existing pool of providers of mental health services will be maintained in FY 93-94 to the extent that resources are available, with the provision that funding levels, services, tasks, roles and responsibilities will be modified to conform to the integrated service system of care.

2. A civil service unit will be designated in each cluster to perform basic risk and clinical liability management roles such as gatekeeping, eligibility determination and utilization control functions. This unit will serve as the single point of entry for clients into the system.

3. A methodology for resource allocation must be developed which gives priority to numbers of the priority target population served and acuity levels. For FY 93-94, funding levels will factor in numbers of target population served, numbers of clients served who are recently discharged from acute/institutional services and numbers of homeless mentally ill to be served in the cluster region.

4. The Cluster Region definitions will have definite geographical boundaries. While clusters are defined by these geographical boundaries, clients may choose the cluster from which they wish to receive services. Boundaries may be modified with experience in order to better serve the seriously mentally ill.

Mr. Jue noted the difficulty of taking two budget cuts while setting up clusters, managed-care, and the rehabilitation option. He said that in deciding who is part of the target population, the diagnosis will be one part of it, and level of functioning will be part of it, too.

Ann Jennings said that what was really frightening to her is that even with the first budget cut, with 2,500 clients being dropped, how can we be sure that people who need to be served will be. She said that even the first round of cuts should be resisted.

Ms. Morgan said that she and Jerry Veverka had met with Angela Alioto and that people in City Hall were assuming that the 2,500 clients cut are not in the target population.

Phyllis Spanglet said that she was in a meeting with Jean Mariani, and she didn't understand that the 2,500 being cut were in fact in the target population.

Mr. Jue said that the budget process is now back at the Mayor's Office until May 15th. He said he had gotten the impression that they view things as pretty grim. He said that there are currently about 9,000 clients who fall within the target population, but that with the cluster model only about 6,000 can be served, given the limited resources.

Robin Cooper said that in her experience, the Mayor's people know the cuts are drastic, but they have no solutions.

Ms. Jennings said that in terms of cost-effectiveness - these people who go unserved may end up in Psychiatric Emergency Services or in jail, so they will still use resources. She also asked what the implication was for the tourist industry. She suggested an ad hoc committee to write a letter using the testimony given at the Health Commission as the basis.

Mr. Jue then completed his report. He made the following points about the new cluster model: The way it works now, if someone goes to jail, their case is closed. The point of the cluster model is to follow that client everywhere, through acute services, jail, homelessness, etc., to try to maintain continuity of care. The new model should stop the fragmentation, and have a dramatic effect on reducing homelessness or disengagement when a client becomes homeless. Funding will be tied to patients not programs or districts or politics.

Mr. Jue was then available for questions. Dr. Cooper asked what the enterprise option would actually be. She said she didn't think it was all a plus, and didn't know where the money was going to come from. She said she didn't know what the down side was.

Mr. Jue said there wasn't an answer yet to a lot of those questions. He said that it was a concept, similar to the way Hetch Hetchy and many hospitals are set up. He said the enterprise model is an existing provision in government.

Dr. Cooper said that it was necessary to move rapidly to deal with the cuts at the Mayor's Office first, and then she'd recommend that the Planning & Policy Committee take up the issue of the enterprise model.

Ms. Morgan confirmed assigning the issue to Planning & Policy.

Ms. Jennings said she was concerned about clients who end up homeless or in jail, but that she was also concerned about the female population that gets picked up for prostitution.

Robert Surber asked if losing two clusters meant losing 3,200 clients, and if so, it was necessary to make that clear.

Mr. Jue said that because someone is not in the target group does not mean that they don't need services. He said that with this budget, what we're saying is that we'll be focusing on the most acutely ill, but that's not to say that those beyond the target definition don't need services also.

Dr. Surber asked if it was too soon to start rallies and letter writing and so forth as happened last year. He said that every year for the past 5 years it has made a difference to protest the cuts.

There was a general consensus that now is the time to act.

Roy Crew mentioned recent stories in the paper showing that transfer taxes were not being collected effectively and that one building owed $14 million in such taxes. He suggested earmarking some of that tax money for replacing the cuts in mental health. Ms. Morgan agreed saying that since mental health takes more than its share of cuts, it should get some of the windfall.

Mary Sue Planck mentioned that the Coalition for Mental Health is the organization that will start the media campaign in response to the cuts. It was added that they are planning a rally during the week that the APA convention will be in town.

Rich Samples suggested that there be two letters, one responding to the cuts, and one about revenue sources, like the issue that Roy had raised.

Dr. Cooper stated that the Mental Healths Board's greatest strength is its advisory position. She agreed that there need to be two letters, the first from the MHB and the second from individuals.

IV. OLD BUSINESS

Ms. Morgan stated that the site approval issue had been assigned to the Planning & Policy Committee. Dr. Cooper asked what happened at Westside. Mr. Jue responded that two more sites, alternates to the original site proposed, were under consideration at this point.

V. NEW BUSINESS - LONG TERM CARE REPORT

Jo Ruffin presented the Long Term Care Report (dated February 2, 1993.) She said that the report is marked "draft," but it is pretty much final, unless MHB members have problems with any parts of it.

She said the charge to the committee was to evaluate long-term care for clients in San Francisco, and that this included evaluating Napa State Hospital, out-of-county L-facilities, and the new San Francisco L-facility. She said the SF L-facility is funded by a bond initiative, so its construction would not be touched by the current budget cuts. She said it would have a total of 185 beds, and is scheduled to open in January of 1995. She said the original concept is to bring home all people in out-of-county L-facilities, but that there has been a dramatic increase in clients in L-facilities. She said in November there were 395 such out-of-county clients.

Ms. Ruffin said that in the past the demographic data for long term care clients has not been in the computer, but that it is there now. She said there may be some soft spots in the data, but that it does give a good overall picture of who is being served.

She said that about half the budget ($54 million) was being used for clients in L-facilities, a relatively small number of clients (3,000). She said a key question was how to move some of those clients to the community.

Ms. Morgan raised the question whether community services are going to be able to handle tougher clients. She asked if we were talking about doing additional training with staff. She said that otherwise the 35:1 case load envisioned under the cluster plan would not work.

Ms. Ruffin said that in the institutions, there are twice as many male clients as female clients. She said African American clients are over-represented in institutions., whereas other ethnic groups are under-represented. She said the report is done in 2 parts: 1) general issues and Adult/Geriatric Services recommendatios, and 2) the Children and Adolescent Services report which was prepared by Nancy Presson.

She said the report makes a number of recommendations for the system as a whole. She said to the extent people are moved out of institutions, it is not workable to just turn them over to staff without the necessary training and resources. She said each client will be assigned a care coordinator, but that there would be the flexibility to adjust case loads.

She said clients have to have some place to go. She said most don't return to families, that only 10% do. She said that there therefore needs to be a variety of housing, and that enhancements needed to be made to Board and Care homes. But she said that the crucial element is the coordinator. She said it is important to try to make services more

relevant to what clients really want, and that this will be part of the driving force behind the plans for Long Term Care.

She said that people ought not to be at this level of long term care, because the rest of the system failed.

She said that there would be a 15-bed adolescent treatment facility as part of the new SF locked facility, with this being seen as an alternative to the Adolescent Unit at Napa. The hope is to bring those clients home. She said it will be open to YGC clients who need acute care, and possibly 5150 teens. She noted that there is a need for special services to help clients make the transition from teen to adult programs.

She said that Phyllis Harding is the liaison for developing the L-facility, and that work groups would be pulled together to plan programming.

Ms. Planck announced that Ms. Harding would be coming to the Children's Committee meeting on April 21, 1993, and that all interested Board members were invited to attend.

Ms. Morgan said that she missed seeing gender discussed in the report. She said she was concerned about the special needs and situations of females of all ages, such as the issue of feeling physically and sexually safe, and the issues of AIDS, PMS, and menopause. She said she would like to see such issues specifically addressed.

Ms. Ruffin said that that was a good point and that those issues were not addressed in the report, but that they were very appropriate for the next round of working groups and planning. Ms. Morgan also mentioned the issue of women with babies, and said she wanted to see gender included in minority issues.

Ms. Jennings brought up the importance of clients being able to get out of the building on an outing, or into nature, as opposed to staying in a prison-like environment. She said it can also make a big difference if there are opportunities to work.

Dr. Cooper said that the program has to take into account all the needs people have, otherwise it could be regressive.

Ms. Spanglet said that it is sometimes hard for parents to sort out what behavior in their teenagers is due to illness and what is due to hormones, or normal teenage behavior.

Ms. Ruffin said that these points were all very well made and that she hoped for ongoing input as the process continues.

There was a general round of thank you's and commendations to her for a very good report.

VI. COMMITTEE REPORTS/BUSINESS

Issues Committee - Ms. Jennings reported that with regard to the possible closure of 20 beds at SFGH, it had been decided to ask for more time before the final decision is made so that the MHB could gather all the relevant information. She said that, to date, it looked like there was no sound fiscal justification for closing the 20 beds.

MSP to accept the committee report, specifically the letter addressed to Arthur Jackson, Raymond Baxter, and Richard Cordova, dated March 25, 1993, which was part of Attachment B.

Ms. Morgan assigned reviewing the Sunshine Ordinance (Attachment D) to the Issues Committee.

Program Assessment and Contract Monitoring Committee - Rich Samples reported that there had been no formal meeting. He requested that members take the time to look at Attachment C, regarding Program Review Orientation. He encouraged people to fill out the Program Review sign up sheets, indicating their hours of availability, and said that the training time for reviewers had not been set yet.

Ms. Planck noted that the Board can ask for a program to be included.

Ms. Morgan requested that a letter be sent to Sherry Barto to include a supportive hotel in the reviews. She also recommended formal training for reviewers.

Ms. Planck said that each pair of reviewers for the initial reviews coming up soon would include at least one person who has done reviews before.

Planning & Policy Committee - no report
Children's Committee - no report
Consumer Task Force - no report
Provider Task Force - no report

VII. CLUSTER PLANNING IMPLEMENTATION

Ms. Morgan reported that the final report from DMS will be out in about a week and she'll send it out to Board members and would like to hear any comments they have.

MSP to defer discussion of the Cluster Planning Implementation until the next meeting.

VIII. PUBLIC COMMENT

Mr. Crew stated that he felt that any program being reviewed that couldn't come up with at least 5 consumers to be interviewed should be given an incomplete or unsatisfactory rating, with another review to take place in 6 months.

Mike Wise asked for help regarding the situation of a woman living in the Board & Care where he is also a resident, who he said was being discharged from St. Luke's Day Treatment Center after 1.5 years, because the funding from Medicare ran out. He said that the Day Treatment Center is happy with her, and she is happy to be there, but that no one seems to have the power to reverse the decision.

Mr. Samples offered to give Mr. Wise his phone number to he could tell him about how to appeal the decision. Dr. Cooper recommended that he may want to get in touch with PRAS. Mr. Jue asked that Mr. Wise stay after the meeting and talk with him personally, so he could look into the situation.

Dr. Surber commented that he was upset by the budget cuts and felt that they represent years of multiple layers of discrimination against mentally-ill people. He said that we need to say that we want these mental health programs mandated.

There being no further business, the meeting was adjourned at 9:05 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

Dept. of Public Health

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MEETING OF THE FULL BOARD

Wednesday, May 12, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

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I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR
- Discussion of By-laws for statewide MHB organization

III. OLD BUSINESS
- Cluster Planning Implementation (deferred from April)
- Children's Services: Report on Asilomar CMHACY Conference

IV. REPORT OF THE DEPUTY DIRECTOR

V. NEW BUSINESS
- Presentation and Discussion - DD/MD Clients (Developmentally Disabled with Mental Disability)
- Target Population Working Paper - Request for MHB review and input

VI. COMMITTEE REPORTS
- Executive Committee
- Issues Committee
  - Sunshine Ordinance (update)
  - Seclusion & Restraint - Proposed State Legislation
- Planning & Policy
  - Site Review Ordinance - update
  - Reports from Consumer and Provider Task Forces
- Program Assessment
  - Progress on Program Review Assignments
- Children's Committee
- Ad Hoc on MHB Bylaws

VII. PUBLIC COMMENT PERIOD: Members of the public may have up to three minutes each to address the Board on matters under its jurisdiction.

VIII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TDD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

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4. To allow individuals with environmental illness or multiple chemical sensitivity to attend, individuals are requested to refrain from wearing perfume or other scented products.

SAN. PUBLIC HEALTH

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Wednesday, May 12, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Amelia Morgan (Chair); Everett Brandon; Robin Cooper, M.D.; Ed de la Cruz; Darwin Dias; Ann Jennings; Lois Jones; George Meyer, M.D.; Lucille Ramstetter, R.N., D.N.Sc.; Rich Samples; Phyllis Spanglet.

BOARD MEMBERS ABSENT: Supervisor Angela Alioto, Mary Gullekson, Ph.D., and Nancy Messersmith were on leave.

ALSO PRESENT: Jeffrey Jue, LCSW (DMS); Ladonnis Elston (DMS); Pat Langdell (Developmental Disabilities Community Advisory Board); Neil Broudy (St. Luke's Day Treatment); John Brauer (Community Vocational Enterprises); Glenda Jeong (Keystone Vocational Services); Sheila Hembury (Mental Health Association); Steve Leoni; Mary Sue Planck (MHB); Roy Crew (Office of Self Help); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Amelia Morgan at 7:07 P.M. The minutes from the April meeting were approved as submitted.

II. REPORT OF THE CHAIR

Ms. Morgan moved ratification of letters to the Mayor

MSP to ratify the letters being faxxed to the Mayor each day during the current week in opposition to the budget cuts in mental health, including the letters to be faxxed on Thursday and Friday.

Ms. Morgan reported on the status of the development of by-laws for the California Association of Local Mental Health Boards (CALMHB), and made the following points: The local MHB's have met twice as a region, and the next meeting is June 12th, where by-laws for the statewide organization will be discussed. Also each MHB will do a brief presentation of what they do as a Board in their county. June 22nd or 23rd will be the next statewide meeting of MHB's. The only thing mandated in the state legislation is

local MHB's, but it was thought that these could be more effective at the state level if a statewide organization were formed.

Ms. Morgan pointed out the following specifics in the By-laws: The By-laws which are accepted by the CALMHB will be in effect for one year only, then they must be ratified again. The purposes of CALMHB include, but are not limited to: lobbying as a united voice, providing a forum for local MHB's, exchanging information, problem solving, addressing ethnic concerns, advocacy. The regions are being aligned with the 5 geographical regions used by the Statewide Mental Health Directors Association. Forty-five days notice must be given for the annual meeting. Local MHB's can attend and vote in person or if they cannot afford to attend, they can mail in a written ballot. There will be 3 elected representatives from each of the 5 regions, including at least 3 of the following 4 categories: consumer, family member, ethnic minority, public interest. The will be no more than one officer from each region.

Rich Samples commented that under these By-laws everything is decentralized and that down the road people might find out that they are spinning their wheels. He recommended that there be an evaluation of the effectiveness of CALMHB's structure in the future.

MSP to ratify the By-laws for the California Association of Local Mental Health Boards.

Robin Cooper recommended that the CALMHB work on how state government has abandoned cities and counties. This was seconded by Phyllis Spanglet.

Ms. Morgan congratulated Lois Jones on being appointed by Dr. Raymond Baxter to the Collaborative Planning Council of the Mayor's Office of Children, Youth and Their Families.

Ms. Morgan announced that Eleanor Jacobs had been named the new Homeless Coordinator for the Mayor's Office, and that the new Director for Westside Community Mental Health is Bea Stevens.

III. OLD BUSINESS

Dr. Cooper reported on Cluster Planning, making the following points: There are several components to the idea of clusters. Jeff Jue's idea was to revise what was a very fragmented and uncoordinated system of services. This coincided with funding changes and the shift to the rehabilitation option. A particular target population is defined: severely and persistently mentally-ill people.

Under the cluster plan, there will be a coordinator who will know and follow a patient for the long term. The coordinator will approve payment for and broker services for the patient. There will also be a case manager to coordinate services. Often the coordinator

is the same person as the case manager, but not always. Originally there were 6 clusters, but because of budget cuts there are now only four. Perhaps there will be fewer if there are additional cuts.

Jeff Jue added the following information about the the clusters: There will be a culturally focused team in each cluster. The whole system is to be culturally competent, but there will be special cultural focus teams in specific clusters, including: African American, Asian-Pacific, Gay-Lesbian, and Hispanic teams. A person can chose to go to whichever cluster they want.

Ms. Morgan added that there will be a self-help component at each cluster.

Dr. Meyer said that the press has been coming up with comments that could be confusing to the public, and that there are two separate but parallel issues being dealt with at the same time: 1) cluster idea, and 2) budget cuts. He said he thought that the distinction should be carefully made, that the cluster model is a plan to improve treatment, but that cuts are cutting patients out of the system. He said it's important to make it clear that the system is being hurt badly by the cuts.

Mr. Samples said that there is a lot of misconception about what the clusters mean.

Mary Sue Planck noted that there was an article in the *Examiner* that made it seem like free clinics would take up the slack from the budget cuts. She said perhaps it would be important to work getting the reality of the situation across to the press.

Mr. Jue said that the lines in the map that accompanied the cluster proposal, is not a map for allocating dollars. He said the dollars will follow the clients, and that the idea is to reform how dollars are spent. He said there will be no entitlements with regard to programs or districts. He said he had drawn the line at 4 clusters, so that even if there are further cuts he doesn't want to go below 4 clusters. He said that's the core. He said that's why the cuts rolled over to residential care. He said he estimates that each cluster will need $5.5 million. He said he had just come from a meeting at the Riviera Hotel so he could appreciate the pain the cuts are causing.

Mr. Samples said the most of his close friends are in the mental health system and "they are scared, just scared." He said he thought the cluster model would have to be fine tuned over a period of years. He also questioned whether the therapy model was being abandoned.

Dr. Cooper said that there isn't anything structural in a cluster model that would speak against the therapy model - the key question being whether there is the *capacity* in terms of resources.

Dr. Meyer said that even if you had all the money in the world, it would still be a very ambitious goal to follow all these patients adequately.

Lois Jones then gave a report on the statewide Children's Conference at Asilomar which she attended in mid-May. She said that it was a "dog and pony show." She said it was 3 days on managed care and that no one knew what managed care meant. She said alot of people there felt that managed care or managed competition, could be dangerous for children. She noted that an attorney from Los Angeles said that the child's right to care supersedes the limitations of the managed care program - which would have an impact on the budget.

Ms. Jones continued that there were no minority representatives on the committee that planned the conference. She said she thought it would be a good idea to meet with Stephen Mayberg the new Director of the State Mental Health Department and talk to him about the Planning Council. She said that there was only 1 parent on the council.

Ms. Jones also gave the report from the Children's Committee as follows: Nancy Presson and Sai Ling Chan-Sew are setting up Parent Liaison positions, which will be 10 hours a week - something that families have never had before. She said the Committee is working on setting up an advisory committee for the new locked facility at SFGH, as follow up to a presentation by Phyllis Harding on the facility at the last Committee meeting in May.

IV. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue, Deputy Director of the Division of Mental Health and Substance Abuse Services, reported that he had had an opportunity to go to a conference in Washinton, D.C., on managed care, and that he had loved it. He said it was still a concept but that in principle it sounds good in terms of mental health and substance abuse being on the same footing as physical health. He said the plan is to have a core of services which would be the same wherever you are in the county, and that employers would have the option to add to the basic package. He said equal access for all is a big focus.

He noted that Dr. Bernie Aarons had talked about going into shelters to survey residents to make sure that providers were promoting access and availability of services.

He noted that there is still a big question regarding the level of funding needed to fund services.

He said he met with Stephen Mayberg the day after the Asilomar Conference, and said he talked about making programs more cost effective, as well as the reorganization of the State Department - most of the top level administrators have been replaced. Mr. Mayberg also said that he planned to hire a consumer for the Office of Consumer Relations, and that he planned to make the Office of Community Relations much more visible to communities of color.

Mr. Jue said that on the local level, DMS is in line for a Zellerbach grant of up to $5,000.

He reported on the proposal for a $1.2 million grant being submitted to HUD for a mobile crisis team (with 30% city funding being recommended to go with the $1.2 million.)

He reported that Substance Abuse Services had put in a grant proposal for the model cities program, which is a national competition. He said that San Francisco and Santa Clara have been selected in California, so now those proposals will go on to Washington, D.C. He said that the plan is for a system of care in the substance abuse area like the clusters for mental health, with a single point of contact, standardized assessment, core of services, and flexible services.

Mr. Jue said that there are six weeks left to implement the rehabilitation option and that DMS is preparing to include managed care, and that both of these are happening at the same time as the budget cuts and cluster implementation.

With regard to the cluster model, he said there are lots of misconceptions internally as well as with the public. He said that as soon as the details are in place, he planned to do a walk through with the editorial boards of the local papers. He said one thing that clusters have already accomplished is that even in the Mayor's budget message, the implementation and maintenance of 4 clusters was included. He said it's a concept that seems to have grabbed some attention and had some comprehension. He said if just the total number of programs were listed under the present system, it would sound like a lot of programs, and would sound like the system was very rich. He said it is easier to draw the line not at the 24 clinic level but at the 4 cluster level.

He said that until April 24th it seemed that things had been settled, but then suddenly DMS had to make mega decisions regarding $12 million in cuts in a few days time. He said he wanted to express his appreciation and thanks for the MHB's advocacy. He said there had been two restorations: 1) homeless programs, and 2) 1 residential treatment center. he said that DMS is facing $16 million in cuts right now instead of $20 million. He said it is important to remember that the cluster model will improve delivery of services only to *those in the system.*

Mr. Samples said that the MHB needs to see what the proposed cuts in Medi-Cal are and what our position will be on that.

Dr. Cooper as for clarification of restoration decisions.

Mr. Jue said that the goal of the first round of restorations would be to get back as many beds as possible. He said there was no indication from the Mayor's Office regarding any softening of the $25 million cut. He said he thought that not all the bad news has hit yet, because the City's budget is based on January figures. He said that since then the State has trippled its deficit from $2.5 billion to $7-8 billion.

Ms. Spanglet said it is important for supervisors to vote for revenue increases if they ar against health Dept. cuts. Ms. Morgan said that it's important to write letters of support for revenue increases. She said the process is not over once the Mayor presents his budget, but that negotiations continue right up to the end. She said it's important to focus on the Budget Committee of the Board of Supervisors, and that it's important to emphasize the good management of DPH.

Mr. Samples recommended focusing on the media. Ms. Morgan said that newspapers have been doing an injustice to mental health, and that there was a need to do a historic comparison, showing that all the fat is gone, and that new cuts mean cuts to direct services. Dr. Cooper recommended dedicating 1/2 of the Executive Committee meeting to the development of a press release and campaign.

V. NEW BUSINESS

Developmental Disability Clients with Mental Disabilities
Ladonnis Elston introduced Pat Langdell, a member of the Developmental Disabilities Community Advisory Board. Ms. Langdell made a presentation including the following points: The CAB is concerned with people in San Francisco who have developmental disabilities *and* mental illness. The are separate problems in one person. A lot of people don't understand this.

The CAB monitors programs, and advocate with the legislature and administrators. The CAB is composed of parents of people with developmental disabilities, people with developmental disabilities themselves, professionals from agencies, and concerned citizens.

Golden Gate Regional Center serves people in San Francisco, Marin, and San Mateo Counties. The total number of clients is 1,750, of which 637 or 1/3 have had mental health treatment during the year, which is much higher than in the general population.

The CAB has worked with both the State Department of Developmental Services and the State Mental Health Department.

Ms. Elston added that there is currently a special team, consisting of herself, a social worker, and a psychologist who are able to assist in assessment whenever staff needs such assistance. She said they want to make sure that coordinators under the cluster system are working more closely with these clients, and they want to have the regional center work longer with these clients to develop basic skills.

Target Population Definition
Ms. Morgan led a discussion of the definition of the report from Target Population Work Group (dated March 19, 1993). The report was acceptable to the MHB members. Ms. Jennings raised a concern regarding the victims and perpetrators of sexual crimes

not being specifically listed in the target population. Mr. Jue explained that $140,000 was cut from victim services, but $100,000 was saved in rent negotiations on the part of Center for Special Problems. He said the resources are there for providing for victim services for any people who are in the target population who need such services, but that the form those services will take has not been decided. He said the specific positions are not restored, and that the services might be contracted out through the cluster system, and that DMS might get better use of the resources that way. Ms. Jennings replied that she like the idea of a focus in one of the clusters on victim services.

VI. PUBLIC COMMENT

Sheila Hembury announced two upcoming rallies: 1) in Sacramento on May 17th, and 2) in San Francisco on May 24th at noon at City Hall. She encouraged a big turnout for both. Dr. Cooper commended Ms. Hembury for the work she and the Mental Health Coalition have done on the rallies, and for the work they did on the recent meeting with the Mayor's staff.

Roy Crew reported on the Office of Self-Help: The remainder of the $50,000 for self help has been authorized to be spent in cooperation with Community Vocational Enterprises before June 30, 1993. Additionally, there will be $230,000 in the budget for self-help for fiscal year 93/94. Mr. Crew thanked the MHB for doing such good work in support of the Office of Self-Help.

Steve Leoni encouraged people to come on the early bus to the Sacramento Rally to meet with Bay Area legislators.

Neil Broudy from St. Luke's Day Treatment responded to a comment from the April MHB meeting regarding a client who had left his program recently. He said this was not a problem with funding, but that that it was the client's decision not to pursue a vocational program. He said that Day Treatment was still open to her returning to the program. Mr. Samples said that he had only ever head of one complaint about the program and that he liked the form of treatment provided at St. Luke's Day Treatment.

There being no further business, the meeting was adjourned at 9:23 p.m.

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MEETING OF THE FULL BOARD
Wednesday, June 9, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. Call to Order/Approval of Minutes/Introductions

II. Report of the Chair/Announcements

III. Site Review: Arriba Juntos /IAL: Program currently at 2515 24th Street; plans to expand into part of building next door at 2513 24th Street.

IV. Report of Deputy Director

V. Panel Discussion: The Budget Process: We have invited people from the Mayor's office and aides to the Supervisors on the Finance Committee (Supervisors Migden, Alioto and Hsieh) to educate us on how the process works, from beginning to end.

VI. New Business:
*Mobile Crisis Team: Jeff Jue request for MHB Input

VII. Public Comment Period: Members of the public may address the Board for up to three minutes each on matters that are within the Board's jurisdiction. The Chair may limit total testimony to 15 minutes.

VIII. Reports and Action Items from Committees

IX. Adjournment

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DEPT. OF PUBLIC HEALTH

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UNADOPTED MINUTES

Wednesday, June 9, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Amelia Morgan (Chair); Lester Olmstead-Rose for Supervisor Angela Alioto; Everett Brandon; Robin Cooper, M.D.; Darwin Dias; Ann Jennings; Lois Jones; Nancy Messersmith; George Meyer, M.D.; Lucille Ramstetter, R.N., D.N.Sc.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Robin Cooper, M.D.; Ed de la Cruz; Mary Gullekson, Ph.D.; Rich Samples.

ALSO PRESENT: Jeffrey Jue, LCSW (DMS); Carmen Carillo (DMS); Jo Ruffin (DMS); Jack Rabin (DMS); M.P.R. Howard (El Tecolote); Michael Wise; John Brauer (Community Vocational Enterprises); Glenda Jeong (Keystone Vocational Services); Fran Gomory (Community Vocational Enterprises); William Margolis (Westside Mental Health Center); Steve Hansen (Westside Mental Health Center); Judith Stevenson (California Pacific Medical Center); A. Virky (Westside); H. Kumar (St. Mary's Hospital); Patricia Perez-Arce, Ph.D. (Sustance Abuse Services, SFGH); Mary Helen Rogers (Westside Community Mental Health Center); Sherrie Rosenberg (Community Advisory Board for Psychiatric Services, SFGH); Lynn Carter, (Community Advisory Board for Psychiatric Services, SFGH); Calvin Fong (RAMS); Catherine Pyke (Mental Health Association Board); Diana Wachner (SF Depressive Manic-Depressive Association); Sheila Hembury (Mental Health Association); Kristin Riley-Lazo (UCSF AIDS Health Project, SF Depressive Manic Depressive Association); Mike Stortz (Protection and Advocacy); Bob Krelle (Office of Self-Help); Steve Leoni; Mary Sue Planck (MHB); Roy Crew (Office of Self Help); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Amelia Morgan at 7:11 p.m. **MSP to approve the minutes of the meeting of May 12, 1993, as submitted.**

II. REPORT OF THE CHAIR

Amelia Morgan reported that she will be attending the Regional MHB morning on Saturday, June 15th. She said the next meeting after that would be on June 23 or 24th.

She said that since the MHB had already voted on the bylaws, there was nothing else that needed action from the Board at this time.

MSP to ratify the letter sent to Hillary Clinton regarding consumers and family members being on the advisory committee for the new national health care program.

MSP to ratify letters sent to the Supervisors Migden, Hsieh, and Alioto, who are the members of the Budget Committee.

III. NEW BUSINESS

Jack Rabin (Children's Services, DMS) discussed the site review of Arriba Juntos, run by the Institute for the Arts of Living, located at 2515-24th Street. He made the following points: Approval is requested for Arriba Juntos to move their offices, currently on the second floor of the building where their program is located, to a first floor space next door. Arriba Juntos has been at its current location for 8 years. But the landlord now wants to use the second floor for other purposes. The program works with seriously emotionally-disturbed adolescents. They see about 40-45 clients each year in their partial day treatment program - one group in the morning, another in the afternoon, with the clients attending public school during the remainder of their day.

Mr. Rabin said that DMS is particularly pleased with this program, that it is very flexible and is driven by the needs of the children and the parents. He said he couldn't recommend it more highly. He said that the change requested is a very minor change and that the neighbors have been very supportive of the program. He said the new office space will be in a store front on the corner with windows on both sides at right angles.

Ms. Morgan asked how he felt about the change. Mr. Rabin said that he would rather not see the change being made, but that the landlord is adamant and that there is no room being given for negotiation. He said there will be no change in the cost of the program due to this move and that the new office space would be more accessible to disabled people. A discussion of the pro's and con's followed.

MSP to approve the new site for the offices of the Arriba Juntos program, contingent on an inspection of the site by Nancy Messersmith, and with a protest of the change stated in the approval letter.)

IV. PRESENTATION ON THE BUDGET PROCESS

Presenters: **Theresa Lee**, Assistant to Mayor Frank Jordan; **Dana Van Gorder**, Aide to Supervisor Carole Migden, Chair or the Budget Committee; **Steve Kawa**, Assistant to Supervisor Tom Hsieh, Vice Chair of the Budget Committee; **Lester Olmstead-Rose**,

Aide to Supervisor Angela Alioto, President of the Board of Supervisors, and Member of the Budget Committee

Theresa Lee provide a handout on the budget process and made the following points:

Phase A: Initial Budget Preparation
The budget process begins in the fall. The Mayor's Office provides direction to the departments on the fiscal situation of the City, and identifies parameters for the budget.

Phase B: Department/Commission Review
The departments develop budgets. This is the most critical time for the community to be involved in the process.

Phase C: Mayor's Review
The departmental budgets are submitted to the Mayor's Office. The Mayor takes into consideration the department's professional judgement on their budget. Departmental budgets cannot be added to, but can be cut. However, if there are additions recommended then the additions go back to the Commission for review. This year the Mayor held a series of town meetings to get feedback from the community because it was such a difficult year.

Phase D: Supervisor's Review
The Board of Supervisors reviews the Mayor's budget, adopts an interim budget, holds hearings, and adopts a final budget.

Community input continues throughout the process, through letters and testimony at hearings.

Dana Van Gorder made the following points: Once the budget arrives from the Mayor on June 1st, the Budget Analyst goes into 2-3 week review before the Board of Supervisors goes into action. This year the hearings will start on June 22nd. June 24th is the DPH hearing. The Budget Committee will make recommendations to the full Board following it's hearings. The full Board will hold additional hearings in mid July and the final budget should be adopted by August 1st.

The Charter requires that there is a budget in place on July 1st - this is the interim annual budget. It is frustrating that the process works this way; it ties the hands of the Supervisors. The Mayor's budget and cuts go into effect on July 1st. The Board does not have the power to add to the budget, only the power to remove from the budget. The Analyst especially looks for cuts that can be made. The Board has authority to restore programs only if the Mayor agrees. Money for restorations is placed in a reserve, then the Mayor has to agree about what will be restored. So new programs can end up being started very late in the year. We try to find other places to cut or new revenues to institute, in order to be able to restore programs which have been cut that we care about.

There will be a special Saturday hearing from 12-2 p.m. on June 26th. There will be additional hearings in mid July. The annual budget and salary standardization ordinances are to be set by August 1st.

Lester Olmsted Rose made the following points: What the process is on paper is one thing and what really happens is another thing. The Mayor's budget is a working document which gets moved around a lot. A lot of negotiations take place. The Mayor's budget in part has always changed in significant ways between June 1st and August 1st. We live in a system purposefully designed to diffuse power, which means no one has too much, but also no one has enough. It means, in terms of community input, that you have to talk to alot of people, including the Mayor, the Board of Supervisors, and the Commissioners. You have to lobby all of them and it's frustrating.

How does the Mayor's budget change? Who gets listened to? The squeaky wheel gets heard. The Budget Analyst (Harvey Rose) gets heard. What's missing is independent review by the Supervisors. They only have two staff each, so they have to rely on people to say what needs to happen and what is not happening.

Steve Kawa made the following points: It is important to know the deadlines and the time line in order to be effective in lobbying. In a democracy you need rules and regulations, but also there is the reality of politics. That is, the Mayor needs 8 votes to pass a budget. Four supervisors can stop the budget.

Ms. Morgan asked about revenues. Mr. Olmstead-Rose said that the Board of Supervisors passes revenues, but that the Mayor has to sign them, and then he decides how to spend them. Mr. Van Gorder said that the Board takes money from new revenues and makes a reserve and a spending plan. But the Mayor has to agree to send over supplemental appropriation legislation. If there is no supplemental, then nothing can be done.

Mr. Olmstead-Rose said that if the the Board has passed the fire assessment district revenue increase, and the Mayor vetoed it, and the Board overrode the veto, the City could begin collecting the money, but the Mayor could decide not to spend it, and there would be nothing the Board could do. Mr. Van Gorder said that if money is restored to the DPH budget, the Board will turn to Ray Baxter and say what programs do you want to save? We ask the department as the public health experts. He said the Charter sets the deadlines. June 1st the Mayor is to have his budget to the Board. An interim budget is to be adopted by July 1st. And the final budget is to be adopted by August 1st. He said there is not much chance that the August 1st budget deadline won't be met.

Mr. Olmstead-Rose said that last year the budget was finished by August 1st, but that there was a delay at the state level, and so the budget was re-opened and was not finished until October.

Theresa Lee said that reducing the retirement rate will provide $16 million in additional revenue beginning July 1st and another $8 million beginning January 1st. Mr. Olmstead-Rose added that there is disagreement about how to spend that money, and that this is a budget amendment.

Ann Jennings asked if people should not be making noise about how the $24 million is to be spent. Mr. Olmstead-Rose said that the first piece of noise would be at the hearing on June 24th on DPH. And the second piece of noise would be to Dr. Baxter. He said that historically more money has come in than predicted, so that makes the restoration list important.

Mr. Kawa noted that the numbers are still in flux due to the fact that the State budget is not finalized yet. He said the City's numbers are based on the State's revenue predictions, and that the situation could get even worse. He said there is the possibility that the $24 million from the retirement fund could be swallowed up.

Ms. Jennings asked, "What are Supervisors not hearing that they need to hear from us?"

Mr. Kawa said that the squeaky wheel gets the grease. He said that there are only two aides per supervisor, and they have to try to be experts on so many issues. He said that one page information flyers are very helpful.

Ms. Jennings asked, "Have you been getting enough good fiscal arguments and long-range arguments for opposing mental health cuts?"

Mr. Van Gorder said he felt there was a painful awareness of the significance of the cuts. He said the problem is where to get the revenue. He said restorations will be difficult decisions, that not everything will be able to be restored.

Ms. Jennings said, "Four top aides to the Mayor are business people who advise him based on sound business arguments. Are you getting enough fiscal arguments from us?"

Mr. Van Gorder said it's obvious that the money being saved in the short run is not worth it in the long run. Mr. Olmstead-Rose said that he didn't think points are being made enough in hard dollars and cents.

Dr. George Meyer asked, "How do you determine what's reliable information?" Mr. Kawa replied that it was in part your past experience with that person or group's reliability. Ms. Lee added that it matters what group is putting out the information and what their track record is. Mr. Van Gorder said that you look for a consensus, of the Mayor, the Budget Analyst and others, that a good idea should bring a consensus. He added that it isn't always good enough to call and say don't cut DPH or DMS, because the phones are ringing all day with people saying, "Don't raise my taxes," or "Don't cut my services." He said there is no middle ground. He said there will be fights over

revenue items that are coming before the Board of Supervisors, and that help is needed in order to get votes for revenue. He said sometimes community groups can see that as far afield from their concerns, but that that's when they can make a difference to help restore their programs.

Mr. Kawa said there has to be a 45 day notice on tax increases. He said a number of revenues increase would be coming next week and that there would be heaings on July 19th and July 26th, which is when the votes would be taken. He said most of the revenue items on the table now are what the Mayor sent over, and that they are not especially controversial.

Michael Wise asked about the surprise revenues, such as the Hetch Hetchy windfall and the property transfer taxes. He asked about focusing on particular departments rather than an across the board cut.

Ms. Lee said that last year the Mayor asked for an across the board 10% cut, but got feedback that that would be unfair to some departments. She said he then asked the departments to submit a 92/93 budget, then do cuts based on the deficit.

Mr. Kawa said that funds from Hetch Hetchy and assessments had already been included into the budget by the controller.

Phyllis Spanglet noted that if residential treatment programs are closed then people will be out on the streets, and asked if there were contingency plans. Ms. Lee responded that the Mayor was working with the Department on that.

V. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue, Deputy Director of the Division of Mental Health and Substance Abuse Services, began his report with the status of the budget, and made the following points: We're in a free fall. Part of the problem is the process. We've had 4 cuts, with very few days to respond to them. The DPH is now being cut $89 million and DMS $30 million. Even today we're working on a round of cuts and restorations at the same time.

The most painful thing beside the impact on clients and loss of services, is the uncertainty and the misery that brings with it. The process itself contributes to the problem and creates a great deal of work that could be avoided. If we had known in January what we know now in June, we could have had a more rational process. This process just threw us back into the dark ages.

The restoration plan at this point is to focus on revenue generating programs. If a program is high in general fund funding and low in revenue generation that it will be low on the list. But we also are trying to save any and every bed of any kind. But the

higher revenue producers will be higher on the list. The same is true for Substance Abuse Services.

Ms. Morgan asked, "Does need fit into that?" Mr. Jue replied that there are a couple of plans which will be tried out to reduce institutional care so there can be more use of lower cost community services.

Mr. Jue said that DMS would treat the budget as if it is real and will take effect - in part to break the denial. He continued: A letter is being prepared to go out to all programs scheduled for closure, to start planning the transition and disposition, and to get information back to take to hearings. Even with the restorations, the move toward the target population and system rationalization will continue.

He added the following points: We are treating this as a disaster and are operating in crisis or triage mode. We're highlighting to the press and public what the real impact of the cuts is. I'm hooking up press people to the programs because the human interest side of the story is what has impact. This is what the public needs to see. The bottom line is that it's a public policy issue. It's ultimately a matter of what the public wants.

With regard to mandates, Mr. Jue made the following points: First there are the hard mandates that say, you shall and you shall at certain levels.

1. SED children: There is federal and state legislation saying that there shall be free and appropriate education in the least restrictive environment with the support services that are necessary.

2. Proposition J in San Francisco set a goal of 25% of dollars presently received by DMH are to be spent on children's services. This based on the baseline year of 91/92 with a % of growth added in each year.

3. Forensics Division: Mandated services cost $14 million with $8-9 million coming from the General Fund. There is nothing we can do about it in our budget. It's counted against DMS in the General Fund.

After these, the mandates are soft:

4. Mandate to provide 5150 services, but the mandate does not specify at what level of service.

5. Funding is required for certain matching grants (10% match for community services, 15% match for acute and inpatient services.)

Many mandates come from the State, and the fight is over the unfunded mandates. There is a mandate to provide certain case management and discharge planning from inpatient services: but there is no funding provided for this. The State can say it will relieve the County of mandates if the County agrees to take budget cuts.

Lois Jones said that parents with children in children's services got mandates passed in 1974-75, and that adults need to get federal mandates, too, because the state can give you more, but not less than what the federal mandate states.

Ms. Morgan said that it is important to give dollar cost estimates to the Board of Supervisors and the Mayor, and asked if it was possible to get our fiscal people to put this into dollars.

Mr. Jue replied that the issue is credibility. He said he didn't want to demean the DMS client population and say that everyone will go to the streets or jail. He said no solid research has been done anywhere that shows what happens with such cuts. He said we have an impression and it is probably accurate, but that this level of cutting is unprecedented, to reduce a system by 25-30%.

Bob Surber said that the cuts to DPH have been disproportionate and within those, the cuts to DMS have been disproportionate, and asked for ideas about getting the restorations to be disproportionate in favor of DMS.

Mr. Jue replied that the key player is the Mayor's Office, where DMS has been the highest priority for holding the line - but now anything goes.

Dr. Surber asked, "What would sell?" Mr. Jue responded that with regard to managed care, revenue programs, and reimbursable programs, the cuts are putting us on a lower priority. He said his restoration list is an attempt to play the game that is being played, because the arguments about vulnerable populations is not working.

Mary Helen Rogers said that the City can find money to pay for the Queen's visit and for the Giants, but can't find money for people who need services.

Ms. Jones said that she remembered her first trip to Sacramento when she talked with a Senator about getting more money for mental health services. She said he told her, "You can't measure outcomes. When you can show results, then you'll get more money." She added: We need to be able to show results. We have to force mental health providers to do outcomes. Outcomes have been instituted, but it is just brand new, and there are no results yet.

The discussion then moved to the proposal for the mobile clinic. **MSP to postpone this discussion until the next meeting, since time is not of the essence.**

There being no further business, the meeting was adjourned at 9:17 p.m.

In the dark about the City Budget Process? Need answers?

The Mental Health Board of San Francisco presents

"THE BUDGET PROCESS:
Who, What, Where, Why, How & When"

Wednesday, June 9, 1993, 7:30 p.m.
1380 Howard Street, 4th Floor
San Francisco

featuring:

THERESA LEE
ASSISTANT TO MAYOR FRANK JORDAN

LESTER OLMSTEAD-ROSE
AIDE TO ANGELA ALIOTO, PRESIDENT, BOARD OF SUPERVISORS

DANA VAN GORDER
AIDE TO CAROLE MIGDEN, CHAIR, BUDGET COMMITTEE, BOARD OF SUPERVISORS

STEVE KAWA
AIDE TO TOM HSIEH, BOARD OF SUPERVISORS

Please Note: *This is not a discussion on the content of next year's budget, but a forum for citizens to learn how to get questions answered and how to advocate in the most effective way. The regular MHB Meeting will begin at 7 p.m. and the panel on the budget process will begin at 7:30 p.m. You're welcome!*

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD
Wednesday, July 14, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. **CALL TO ORDER/APPROVAL OF MINUTES**

II. **REPORT OF THE CHAIR**
- Letters to Ratify: See Attachment A

III. **REPORT OF THE DEPUTY DIRECTOR**

IV. **ELECTION OF CHAIR AND VICE CHAIR**
- Amelia Morgan will be resigning from the MHB to take a job with the Office of Self Help. Ann Jennings is resigning to take a job with the SFGH CAB. According to the bylaws, new officers shall be elected at the first meeting following such notificiation.

V. **OLD BUSINESS**
- Mobile Crisis Grant Proposal: ACTION (Held over from June meeting - material was mailed to Board members in June packet as Attachment B)

VI. **NEW BUSINESS**
- MHB Committee Structure: ACTION: also mailed to members in June packet, (as Attachment C) to give you a chance to read and think about alternatives.

VII. **PUBLIC COMMENT PERIOD:** Members of the public may have up to three minutes each to address the Board on matters under its jurisdiction; except for agenda items if public comment has been taken during Board discussion of agenda items.

VIII. **ADJOURNMENT**

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has ben designated on Grace Street off Howard.

4. To allow individuals with environmental illness or multiple chemical sensitivity to attend, individuals are requested to refrain from wearing perfume or other scented products.

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UNADOPTED MINUTES

Wednesday, July 14, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Amelia Morgan (Chair); Robin Cooper, M.D.; Ed de la Cruz; Darwin Dias; Lois Jones; Nancy Messersmith; George Meyer, M.D.; Lucille Ramstetter, R.N., D.N.Sc.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Lester Olmstead-Rose for Supervisor Angela Alioto; Everett Brandon; Mary Gullekson, Ph.D.; Rich Samples.

ALSO PRESENT: Ann Jennings; Jeffrey Jue, LCSW (DMS); Carmen Carillo (DMS); Michael Wise; Vivian Imperiale (SF Alliance for the Mentally Ill); Neil Broudy (St. Luke's Day Treatment); Mary E. Harris; Kevin McLaren (Thunderseed Day Treatment); David Donovan (NAMI/ACLU Mental Health Project); Tom Baughman (Chateau Agape Residential Program, Westide); Brian Burke (CPC Hospitals Psychiatric Assessment Services); Steve Leoni; Mary Sue Planck (MHB); Roy Crew (Office of Self Help); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Amelia Morgan at 7:08 p.m. **MSP to approve the minutes of the meeting of June 9, 1993, as submitted.**

II. REPORT OF THE CHAIR

MSP to ratify two letters in Attachment A in the Board Packet, plus two letters distributed to Board Members at the meeting.

George Meyer raised a concern about one of the letters stating that the experts should determine the restoration priorities. He recommended that for the future, it be made clear in letters written on the Board behalf, that the role of the MHB is to provide advice on budgetary issues such as restorations, and that it is not just a rubber stamp.

Robin Cooper replied that the Executive Committee has been acting in an unprecedented way, responding minute by minute to the urgent pressure of continual changes in the status of the budget.

Mary Sue Planck added that the intent of the letter in question was to not have the Board of Supervisors respond to pressure from different constituencies when it came to restoring programs, and thereby ending up approving a lopsided collection of mental health programs.

Dr. Meyer added with regard to another letter, that he didn't think it was in the interest of the system to attack rich people, that this might not get the best results. He said that he didn't see the relevance of a CEO's salary to the City budget.

Ms. Morgan responded that she would be glad to add any Board member to the list of people to review letters, along with the Executive Committee. She said, it was hard to do the quick turn around that was necessary with budget-related letters, and that it was not practical to call an emergency meeting each time a letter needed to be sent. Dr. Meyer agreed to join the list of people to review letters.

III. ELECTION OF CHAIR AND VICE CHAIR

Ms. Morgan announced that she was resigning from the MHB, effective as of July 31, 1993, because she was beginning a paid position with the Office of Self Help on August 1, 1993, and thereby would become ineligible for service on the Board. She also announced that she was resigning as Chair of the MHB during the current meeting.

Ann Jennings announced that she had resigned from the Board and from her office of Vice Chair, effective as of July 11, 1993, since she had taken a paid position with the Community Advisory Board of San Francisco General Hospital on July 12, 1993, and had therefore become ineligible for Board service.

Robin Cooper was the only nomination for the position of Chair. **Robin Cooper was elected Chair of the MHB to fill the remainder of Amelia Morgan's term through the next regularly-scheduled election of officers in Spring 1994.**

The nominations for Vice Chair were: Lois Jones, Rich Samples, Nancy Messersmith, and Phyllis Spanglet. Lois Jones declined her nomination. **Rich Samples was elected Vice Chair of the Mental Health Board to fill the remainder of Ann Jenning's term through the next regularly-scheduled election of officers in Spring 1994.**

Since Mr. Samples was serving as Secretary of the MHB, the vote to elect him as Vice Chair leaves the position of Secretary vacant.

IV. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue, L.C.S.W., Deputy Directory, Division of Mental Health and Substance Abuse Services made the following points in his report:

Only 30 days ago, we were talking about mayoral restorations. It's been a rocky ride since then and the ride is not over.

On July 1st, DMS instituted the plan for single points of entry and the assignment of case managers and case coordinators. We've encountered lots of glitches which have resulted from things ranging from misunderstanding to outright resistance. This is a major change for the system. But generally the change is going well, and generally there is good support for it. Many meetings are going on regarding implementation, and we are moving along despite the budget uncertainties.

We are starting a Quality Management System for children's, adult, and geriatric services. One element of this is the Quality Improvement Committee (QIC) which will meet once a month for 2-2.5 hours to provide oversight to client complaints and grievances, utilization review and monitoring quality assurance. There will be at least one consumer on the QIC. A letter was sent to the Consumer/Family Member Task Force to elicit proposed nominees. Not every individual consumer group was sent such a letter. We want to get one consumer representative, not 1 person from every consumer group.

The Budget Committee asked for a list of critical restorations. DPH put in $27 million in restorations in three tiers according to priority. The Committee went through their priorities in an extensive hearing. Much to their credit, they went through all the departmental budgets. One priority was to build a reserve fund for DPH. They organized revenues according to the following categories: 1) Fairly certain revenues. 2) Probably and likely revenues. 3) Maybe, but not likely.

They came up with $20 million including the revenue proposals for restorations, but decided to use the $20 million on 6 month extensions, with hopes that the restorations would be continued next January.

DMS is part of the DPH tiers. There is $6.9 million for DMS in the first tier, including CSP and homeless programs. The funding won't necessarily go back in the way it came out. There will be clear tracks for: 1) Mentally-ill homeless, 2) Substance abusing homeless, 3) Dually-diagnosed homeless. More IMD beds are included , which are targeted for homeless people. This is meant to be a package with a focus on enhanced capacity at every level.

Tier 2 includes the restoration of the first round of cuts from community programs.

Tier 3, including 2 substance abuse programs and CE&I, didn't make it into the Budget Committee's restorations.

Dr. Cooper asked if the continuation of these restorations depended on revenues coming in. Mr. Jue replied that this was the case and that the voters will decide in November when they vote on the extension of the sales tax.

Dr. Cooper asked how the clinics are operating now. Mr. Jue made the following points: The programs have been cut compared to last year's budget, so there has been a ratcheting down. 1) All programs have looked at their case load and who was ready to be discharged. That has been accelerated in the last 30 days.

2) DMS sent out a memo last month asking all programs to review their caseloads to see who fits the most stringent definition of target population, in order to get the hard facts of who needs what kind of disposition. This has been a good tool for getting a clearer picture of who we are serving and where they're being served.

Some people are feeling that the restorations are giving us a breather, but the restorations are masking what is still a crisis.

Dr. Meyer remarked that it was like being in the eye of a storm. Mr. Jue said that was the case exactly. Ms. Morgan said that the Board of Supervisors doesn't seem to understand that we are still cutting 2,500-3,000 people from the system who are supposedly non-target - but we don't even know that for sure. She said it would be important to find some way to remind the Board of Supervisors that we still have problems.

Mr. Jue said that it is crucial to still move ahead with the planned reforms.

Dr. Cooper said that it is difficult to implement the clusters at the same time that cuts are going on. She said that the MHB has not been as on top of the cluster implementation as it would like to be because of the attention it has been giving to the budget. She asked that someone from the Board be in on the implementation meetings.

Mr. Jue said that the budget process can consume everybody and everything. He said he felt that it was important to move ahead with cluster implementation because it represents the future of the system. He said he wanted to express his appreciation for all the advocacy done by the Board and the Coalition the Board is part of.

V. OLD BUSINESS - Mobile Crisis Grant Proposal

Carmen Carillo reported on the proposal for the Mobile Crisis Unit. She made the following points: This has the potential to bring $5.5 million to San Francisco over a 5 year period. She appreciated the list of questions submitted at the last MHB meeting by Nancy Messersmith. She said these questions gave her an opportunity to think about the grant proposal in a different way.

Under the proposal, the staff would be available 24 hours a day, 7 days a week to go wherever they are needed. If staff are not called, then they go out where homeless or formerly homeless people are. Shelters are skimpily staffed and cannot provide the kind of services people need. Sometimes police are called and the outcome is often that

the person ends up in PES and the outcome is not always happy. But what if staff could go out and do crisis intervention and go to the shelter or other location to help solve problems.

We decided that we want paramedics on this team to respond to the medical needs of the homeless as well. Also peer counselors.

There is a Mobile Support Team in San Mateo County that has an excellent outreach program. That's the intent of our program - to provide support and linkages with whatever health centers are funded and with clusters and substance abuse programs.

Nancy Messersmith pointed out the problem of outreach workers staying in the office. She said it was imperative that they are out there in the community and visible and known to people. She said word of mouth about the outreach workers will travel through the community.

Dr. Carillo replied that that is the point of the proposal, to have team members out there in people's environment.

Ms. Morgan asked that a representative of the Consumer Task Force or the Mental Health Board (like Nancy) be included in the development of the program. Dr. Carillo replied that she would be glad to do that in whatever way work work best, and that she very much wanted such input and help.

She then outlined the staffing, which includes a full-time psychiatrist (split into 3 part-time positions), a couple of social workers, 2 psych techs, 2 substance abuse workers, 2 peer counselors, and 2 clerks. There would be a budget of $1.2 million annually, with 17 staff. The goal for the case load would be to work with 1,000 families or about 1,800 adults.

The Mayor's Office is very strongly in support of the program, and is providing 25% support. She said it will help a great deal to have the City supporting the proposal.

VI. NEW BUSINESS - MHB Committee Structure

At this point Amelia Morgan turned the meeting over to the new Chair, Robin Cooper.

Dr. Cooper said that this time was set aside for a discussion on committee structure and how the committees are working and what impediments are getting in the way.

Ms. Planck noted that few people are now participating in committees and asked what would make people want to go to committee meetings.

Ms. Morgan said that over the past years, it's not that people have not wanted to be on some of these committees, but that often the action is elsewhere - like realignment or cultural competency. She suggested constantly reassessing and reassigning committees if it could be done in a way that is not too confusing.

Dr. Meyer suggested a couple of standing committees and a couple of ad hoc committees, which, under the guidance of the Chair would address special issues. He noted that this has been a remarkable year.

Ms. Planck noted that some of the work is seasonal, such as the budget and the program reviews.

Mr. Jue said that he appreciated this discussion because DMS struggles with it in its management team. It is difficult because the situation is so fluid. He suggested setting priorities each year, especially in the area of operations. He suggested focusing on 2-3 areas.

Dr. Cooper said that she felt there is a problem with not having formal, established committees. She said she felt that committees work better with a focus, and that people could attach themselves to committees by virtue of interest. She suggested that issues be assigned to the current committees because they are broad enough to cover current interests. She added that whoever chairs a committee also has a responsibility for developing issues.

Dr. Meyer said that ideally the MHB is supposed to take care of everything, but that this is not possible. He said he hoped the MHB would deal with certain specific goals which develop an agenda. He suggested developing goals for the next 12 months.

Dr. Cooper said that she was getting the sense that people feel the committees should be wrapped around issues that the Board considers crucial. She said she believes 3 committees is what the Board can handle until it gets new members. She asked that people communicate with her or Ms. Planck about further feedback on the committee structure. She said she would try to build committees around the following issues: Cluster Implementation, Managed Care in Mental Health, and the Budget (which is not seasonal anymore, but year round.) She requested that each person send a note as to what areas the MHB should focus on and which ones they would personally be interested in .

VII. ANNOUNCEMENTS & PUBLIC COMMENT

MSP to move the August meeting to the 3rd Wednesday of the month, or August 18th, to accommodate the schedules of Board members.

Ms. Messersmith announced the Issues Committee luncheon meeting scheduled for July 20th to hear feedback from homeless or formerly homeless women.

Steve Leoni remarked that if we really need 6 clusters, then we should pursue that. He said we really need to have treatment fit the need. He said we should notify the Board of Supervisors that this is still on the table. Also, he said that he had heard some disturbing stories about the discharge of people from the system, without any plan or anywhere to go, and that everything is very accelerated. He asked what the current level of restoration gives us.

Mr. Jue replied that it gives us a little more time, but that the basic plan is the same.

Vivian Imperiale noted that the director of the San Mateo Mobile Team is Ian Adamson, and said she thought he was excellent and recommended strongly that the people planning the Mobile Crisis Unit for San Francisco meet with him. She also said she hoped the public would have access to the Mobile Crisis Unit, and would be able to call in about people needing help.

Roy Crew said that millions of dollars are handed over every year to San Francisco General Hospital for psych services, but that no process is in place to assure authorized community input on what goes on there and how the money is spent. He noted that section 5604.2 of the Broznan-McCorquodale Act insures that there be authorized community input at every stage of planning and implementation. He added that this happens to a great extent for community-based programs, but it definitely does not happen for services planned by SFGH. He said that the community is calling on the MHB to take action assuring our right to input in all stages of SFGH planning for psychiatric services.

Mr. Crew also said that there is a lot of planning going on with regard to cluster implementation right now, and that he is concerned that there are changes taking place in the plans that were developed with community and consumer input.

Dr. Cooper said she thought a committee of the Board should get very familiar with cluster implementation, and said she couldn't agree more with Mr. Crew regarding the issue of services at SFGH.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:13 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD
Wednesday, **August 18**, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR
- MHB Committee Structure - See Attachment A

III. REPORT OF THE DEPUTY DIRECTOR

IV. ELECTION OF MHB SECRETARY

V. OLD BUSINESS

VI. NEW BUSINESS
- Performance Contract for 1992-93: See Attachment B
- Action Plan Calendar for 1994-95 : See Attachment C
- Children's Grievance Procedure: See Attachment D

VII. PUBLIC COMMENT PERIOD: Members of the public may have up to three minutes each to address the Board on matters under its jurisdiction; except for agenda items if public comment has been taken during Board discussion of agenda items.

VIII. ADJOURNMENT

Please Note:
Meeting date is AUGUST 18, 1993
This month's MHB meeting is taking place on the 3rd Wednesday, not the 2nd Wednesday.

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the city to accommodate these individuals.

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UNADOPTED MINUTES
Wednesday, August 18, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Robin Cooper, M.D. (Chair); Jerry Windley for Supervisor Angela Alioto; Everett Brandon; Darwin Dias; Lois Jones; Nancy Messersmith; Lucille Ramstetter, R.N., D.N.Sc.; Rich Samples.

BOARD MEMBERS NOT PRESENT: Ed de la Cruz; George Meyer, M.D.; Phyllis Spanglet.

ALSO PRESENT: Lester Olmstead-Rose; Jeffrey Jue, LCSW (DMS); Bill McConnell (DMS); Emily Cutler (Consumer); Mildred Vejmola (SF Alliance for the Mentally Ill); Joseph Vejmola (SF Alliance for the Mentally Ill); Tonia Renee Richardson (Consumer); Michael Wise (Consumer); Brian Burke (CPC Hospitals); John Watters (British NHS Manager); John C. Brauer (California Pacific Medical Center); Jose Duran (SFGH Community Advisory Board); Amelia Morgan (SF Alliance for the mentally Ill); Steve Leoni; Janice Cohen (SF Alliance for the Mentally Ill); Vivian Imperiale (SF Alliance for the Mentally Ill; Glenda Jeong (Keystone); Kathy C. Kramm (Consumer); Mary Santos, R.N.; Louis Mortein; Mary Sue Planck (MHB); Roy Crew (Office of Self Help); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Robin Cooper at 7:05 p.m. **MSP to approve the minutes of the meeting of July 20, 1993, as submitted.**

Dr. Cooper introduced Norma Block, who was appointed to the MHB by Supervisor Willie B. Kennedy. Dr. Cooper explained that though the appointment has been made, it has not yet been ratified by the Rules Committee and the full Board of Supervisors. She said that Ms. Block would therefore be seated at the table but would not yet be able to vote.

Lester Olmstead Rose, who has been Supervisor Angela Alioto's representative to the Board announced that he had left Supervisor Alioto's office to take a position as Executive Director of Community United Against Violence (CUAV). He said he would very much miss the MHB, that he had learned a great deal from his work with the

Board, and that he invited the Board to give him a call if he could be of help in the future.

Many Board members told Mr. Olmstead Rose how much they would miss him and how much they appreciated all the things he had done for the Board. They said they had appreciated his accessibility, his expertise, his support of the work of the Board, and last, but not least, his outstanding attendance record at Board meetings.

Mr. Olmstead Rose introduced Jerry Windley, who is taking his place on Supervisor Alioto's staff, and who will be serving as her representative to the MHB. The Board welcomed him.

II. REPORT OF THE CHAIR

MSP to ratify the letters collected in Attachment F of the Board Packet.

Committee Structure
An updated Attachment A, outlining a proposal for revising the MHB committee structure was distributed. Dr. Cooper reviewed the proposal in Attachment A and asked for responses.

Rich Samples said he would like to add "Medicare, Medi-Cal, and National Health Care" to the Planning & Policy Committee. Dr. Cooper responded that the list in Attachment A was not meant to be exclusive. She said she saw managed care as the system by which Medi-Cal and Medicare services would be delivered, and that they would therefore be assigned to the Planning & Policy Committee under her proposal.

Everett Brandon suggested that there be a section for state action, because there is so much coming down from the state. He suggested it be placed under Planning & Policy. He said that it was his personal sense that program reviews were one of the most important and powerful things the MHB does. He said the MHB really has input there, and that he would hate to see it get overwhelmed by other issues. He said he'd like to see the committee structured so that the program reviews are a strong focus.

Mr. Samples said that he recommended authorizing the Executive Committee to write this committee structure into the bylaws to be brought to the Board next month. He further recommended writing in flexibility so committees and ad hoc committees could be set up by the Chair in response to changing needs. He added that the MHB program reviews don't always have to follow the DMS review cycle, that the MHB can always do a review anytime it chooses under the legislation.

Mary Sue Planck said that once the DMS reviews begin, they involve little committee time, that the committee was very involved in setting up the reviews, but after that it could deal with other issues.

Mr. Samples said that the Children's Committee, the Provider Task Force, and the Consumer Task Force should be special committees, that "ad hoc" means temporary, which these committees aren't. He said as special committees, they can have non-Board people serving on them.

Lois Jones said that with regard to the Children's Committee, the Parent Liaisons would not be ready to be on the committee for at least a couple of months or more. She said that there should be a Children's Committee as long as there is an MHB. She said it's impossible for children's services to go cluster, and the managed care for children is different. She said program reviews need to be looked at, too, and perhaps revised. She said she had run across treatment plans for children that were only 2 or 3 lines long at a couple centers over the past few months. She said she thought program reviews need to go into more detail in children's services.

Dr. Cooper then reiterated the recommendation to take the committee structure proposal back to the Executive Committee for reworking. Mr. Brandon agreed, saying that he was thinking to give feedback during this meeting, and that the Executive Committee would in fact rework it. Lois Jones said she was still concerned about children's services.

Dr. Cooper said she wanted to get feedback from Board members about where they wanted to focus and what committees they want to be on. She said she wanted to get the committees up and running as soon as possible. Ms. Planck said Board members could call her at the office and let her know and she would be glad to report to the Executive Committee.

Dr. Cooper said she would be reporting back on the planning for managed care following the meeting of the DPH Ad Hoc Budget Committee.

Dr. Cooper also mentioned Proposition I, sponsored by DPH, and which would provide authorization to DPH to do lease financing, allowing the Department much greater flexibility.

III. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue said that major events have occurred in the last 30 days since his last report.

He said that Ray Baxter's resignation and departure from DPH was for him a real personal loss. He said he had gotten a lot of support and guidance from Dr. Baxter, and that for consumers and providers, he was the best to be found. He said that we've lost a person whose integrity and expertise were a major contribution to the city.

He announced that there will be a farewell reception for Dr. Baxter on September 1, 1993, from 5:30 - 7:30 p.m., at the large auditorium at Laguna Honda.

Mr. Jue said that the budget was approved on Monday (8/16) and that about 1/3 of DMS programs are on a 6-month schedule and the remainder are on a 12-month budget. He said this presented horrendous technical problems, but that he would rather have such problems than not have the programs.

He announced that Linda Wang had headed a team providing information, referral, and support at 101 California Street for a full week following the tragic shooting there. He announced that Zellerbach Family Fund "No Strings" grants of $5,000 were awarded to two children's services programs.

Mr. Jue also said that Substance Abuse Services had been partially successful in a major grant they had submitted. He said this was a "targeted cities" grant, and that it had passed the state as the #1 proposal for California. He said the award would be as high as $20 million over 5 years. He said that he has heard the grant is now a strong contender on the national level.

He said that the Health Commission had passed a conditional designation for an African American waiver. He said the next steps were, 1) the development of a training program, (already completed), and 2) testing and certification. He said the waiver could be on line and ready to go in 60 days. He said that this was the culmination of a year and a half of work.

With regard to the cluster model, Mr. Jue made the following points: There have been lots of concerns about the clusters. It's been a rocky start; it's been shaky. There are 4 major changes taking place all at once. The sanity of this administration is being questioned. But he personally has no regrets. We are trying to work out the problems. He recommended a 3-4 person panel for the September MHB meeting to explain how it's going. There's a lot of confusion, but that the will and spirit are there to make it work. For the most part, people realize that the system was whirling out of control. The new system is not without its rough spots, but it's working.

He also reported the following: Larry Cruz and Wayne Clark have been very active with the Mayor's Office to respond to the closure of the Transbay Terminal. This has been a crisis for a long time. But now different departments and the Mayor's Office are pulling together. They are setting up an outreach team - defined as a substance abuse and mental health program. The idea is to focus the money and not just spread it to current providers. Twenty new clients have been picked up by Walden House. Additional beds are targeted. This has been a good response; this was all pulled together in a matter of weeks. Grant proposals are being developed for a continuum of services, including to increase bed capacity - at the 6-bed or less facility level. This is a model that identifies a full service continuum. Once a client is connected then there is a continuum of care with planned transitions from service to service.

Dr. Cooper said she hoped that this was not a case of replacing one homeless person with another. Mr. Jue responded that the mental health population does not fare as well

in getting beds. He said that beds tend to go to higher functioning people. He said this new strategy is to make sure that mental health clients get access and a continuum of services.

Nancy Messersmith said that a lot of times people want to go in and take over and make decisions for clients and don't listen to the clients, and that this is a reason why a lot of clients go homeless again. She said this was in fact a reason why a lot of people were in the Transbay Terminal. Police were there, and it was a safe place to sleep.

Mr. Jue said that the media crisis crystalized everyone's attention and that sometimes a catalyst is needed. He said that he felt that for the first time since he came to San Francisco that there is a team working on a strategy that does not stereotype people.

Mr. Samples said that lots of higher functioning people who are schizophrenic or hallucinating get penalized for being able to function to some extent on their own. He asked if we are trying to make people independent or are we penalizing people for being able to be more independent.

Mr. Jue said that this was a positive start and that there are capacity problems, but that this is a positive team-building strategy. Mr. Samples said he hoped this was true and he knew Mr. Jue wanted it to be true, but that he was concerned about the services.

Mr. Brandon asked if it would be possible to have a presentation on the homeless situation and related services in the near future. Mr. Jue responded affirmatively.

Dr. Cooper noted that if it is true that we are asking people to leave the system who are stable because of the services they have, then we have a terrible dilemma.

Mr. Jue said that for the September presentation he could bring in people who are doing both the cluster implementation and the homeless programs. Ms. Messersmith asked if he could include someone from the Coalition on Homelessness, too. Mr. Jue responded affirmatively.

Mr. Jue then reported on Proposition I and made the following points: This Proposition would allow DPH to borrow up to $20 million for equipment and improvements. This proposition lost by 800 votes last election. It will pay for itself, and will cover lease financing for equipment and capital improvements and buildings. For example, the new L facility is 50% built, but the bond issue that funded it provided no funding for equipment and furnishings. Proposition I would be one way to finance these things. DPH is asking for the support of the MHB for the ballot argument as part of the lobbying effort to pass the proposition.

With regard to managed care, Mr. Jue explained the following: There is now a city-wide committee formed out of a resolution by the Board of Supervisors.

The idea is to provide one leadership group. DPH has its own internal in-house committees to provide guidance when DPH is a provider under managed care. In DMS we have our own ad hoc committee to respond to managed care issues.

Mr. Jue said that the the new Quality Improvement Committee would be organizing regular meetings on utilization review issues, and would also try to put time into special issues that are system wide.

Mr. Brandon asked about what was happening with regard to the long-term facilities. He asked if they were responding to DMS demands, and whether DMS was finding these facilities to be more useable.

Mr. Jue replied that everyone is cooperating, because they understand the critical nature of the situation we are currently in. He said that it's now a competitive environment for everyone, and that people understand it. He said that funding is now tied to consumer-oriented and community-based care and tied to cost, and added that he didn't think anyone has missed these points.

Mr. Brandon said that he felt Dr. Baxter was one of the most remarkable administrators in the city, and he hoped that a letter had been sent to him regarding his resignation. Ms. Planck noted that a letter had been sent, and that a copy would be mailed to Mr. Brandon.

Dr. Cooper brought up the issue of the shooting at the Dolores Hotel. Mr. Jue replied that the preliminary report indicates that this was a gang-related, random shooting and was not specifically directed against the hotel or its clients. Mr. Samples asked if there was anything that can be done to insure the safety of the hotel residents whether the shooting was random or not. Mr. Jue said that though he said "random," that this kind of thing was happening so often it was becoming regular. He said someone had shot into Mission Day Treatment, and that there was a car accident at the Southeast Center. He said there had been 4 assaults of staff in the last 2 months, and that all these things were part of a larger problem of society.

IV. ELECTION OF THE MHB SECRETARY

Dr. Cooper opened the proceedings to nominations from the floor. Nancy Messersmith was nominated, and there were no other nominations.

MSP to elect Nancy Messersmith as Secretary of the Mental Health Board.

V. OLD BUSINESS

No old business was discussed.

VI. NEW BUSINESS

Planning & Policy Committee
Since Phyllis Spanglet, Chair of Planning & Policy, was unable to attend due to another meeting at the same time. Ms. Planck presented the 92/93 Performance Contract for her. She said that the Planning and Policy Committee had reviewed the document and recommended that the MHB approve it, but that they had several concerns.

Mr. Samples requested that the word "review" be placed in quotes since the committee was reviewing something that was already a done deal. Dr. Cooper said that she agreed and that she wanted the MHB to be included in the process earlier.

MSP 1) to approve review of Performance Contract for 92/93, adding in the statement that though the MHB understands why it was late this year, it hopes that this will not be the case in the future; and 2) to direct that the MHB's representative to the CALMHB (California Association of Local Mental Health Boards) to bring up with the Association the language in the State's Performance Contract documents, to make them more client-oriented.

Ms. Planck then referred to Attachment C in the Board Packet and said that the MHB has to review and approve the procedures by which people are involved in planning each year. She said that some years ago the MHB adopted a planning calendar as the instrument used in determining approval. She noted that when the MHB holds community forums, it's usually the same people that attend. She said that the Planning & Policy Committee felt that the outreach forums held out at the programs during the past year had been successful and was recommending that the same format be followed with regard to community forums as part of the planning process this year. She said the committee recommended holding not just one forum, but 3-4 forums.

MSP to adopt the recommendations of the Planning & Policy Committee regarding the Planning Calendar, specifically that the MHB 1) state to DMS and the State that the MHB has reviewed and approves the procedures for involving citizens and professionals in all stages of the planning process as represented in the Planning Calendar for 1994-95; and 2) that for its gathering of public (citizen and professional) input on the Action Plan, it hold, or ask the Consumer/Family Member Task Force to hold, meetings in the community to make it more possible for consumers and family members to be part of the process.

MSP to write to Bill McConnell with a copy to Jeff Jue, asking that there be a revised Action Plan for the second half of 1993-94, including plans for what to do in the event that the sales tax passes in November, and in the event that it does not pass.
It was noted that the current plan doesn't apply to the final budget as passed by the Board of Supervisors, with some programs being restored for only a period of 6 months or through the end of December.

Children's Committee
Lois Jones, Chair of the the Children's Committee said that the Procedure in Attachment D of the Board Packet was a year old now, and was the procedure recommended by the Committee for handling grievances. She said that the main concern not yet settled is the step concerning the impartial mediator. She said exactly who that would be is still up in the air. She also noted that if a parent invokes special education due process that that would supersede the DMS grievance procedure.

Ms. Messersmith said that one of the biggest problems is that people who work with children have no incentive to stop the bad behavior, and added the following points: The grievance process can take 2 months. Sometimes the incident behind the grievance is a 5-second incident. There is no incentive in the meantime to stop the bad behavior. What could be done to stop the behavior?

Mr. Samples asked who would be training the pool of advocates, and added that he wouldn't want the system training them. Ms. Jones said that a problem with every grievance procedure is that they take a long time, and in the meantime you have a very emotional situation. She said she didn't know how to get things done fast except to get parents to organize and raise enough hell. Dr. Cooper asked if grievances were mostly around access to care or quality of care. Ms. Jones said they were around both.

Ms. Jones said that a key issue is outcomes. She said there isn't much outcome management, but if there were, then the issue of reprimand wouldn't be on the table. She said if a child was getting "better," if there were standards of performance, this would not be an issue. Mr. Jue replied that she was right and that up to now everything has been tied to widget counting. He said DMS is now sanctioned by the State to start measuring outcomes. He said DMS has to get to the point where it is measuring outcomes.

Ms. Jones added that two of the biggest issues are the number of African American males and the number of Latino males in the system. She said there is a rhyme and a reason for that.

MSP to accept the committee report and: 1) Approve the Draft Grievance Procedure for Children, Youth, and Family programs; 2) Send it to Deputy Director Jeff Jue and through him to the new Appeals Committee, with a request that it be included with the Adult Services Grievance Policy; and 3) Further request that any changes to this Policy/Procedure be referred back to the Children's Committee through the Mental Health Board for final review and approval.

VII. PUBLIC COMMENT PERIOD

Rose Hotel
Steve Leoni, from the Executive Committee of the Consumer/Family Member Task Force, presented the letter from the CTF in Attachment F of the Board Packet, saying

that at this point the CTF did not believe the Rose Hotel was an appropriate placement for mental health consumers and would like the planning process halted until the CTF could look into the matter.

Amelia Morgan add that this was brought to the MHB as an urgent issue because SFGH has already place 20 people in that hotel, and the Housing Action Committee had wanted to make that formal as of September 1st, although the date has been delayed as of yesterday.

Vivian Imperiale said that there is money available now for the Rose Hotel project and that is part of the urgency, but that the CTF had heard from people who have lived at the Rose Hotel in the past who said it was terrible. She noted that the drug dealers can't just be kicked out of the hotel because they have tenancy rights.

Ms. Messersmith said that 6th Street is not a place for anybody. She said if you haven't been to 6th and Minna, to please go down there and look. She said that she was appalled by this project, and was with the CTF in saying that people should not be placed on 6th Street. She said that if you put people in the Rose Hotel, they'd end up right back in the hospital.

A member of the audience noted that he worked for DPH and that the word on the street is that you are taking your life in your hands to go down to 6th Street day or night.

Mr. Samples said he had talked to a few people from HIP, and that one of the people had said it's like a scandal but you can't object to it internally in HIP. He said he thought that what the CTF had asked for is reasonable.

MSP to ratify the letter from the CTF to Jeff Jue, Robert Surber, and the Housing Action Committee regarding the Rose Hotel.

Personnel & Diversity

Mr. Brandon said he wanted to bring up a personnel issue and made the following points: We're supposed to be consumer-guided. I've always been concerned about the diversity of representation and would like to make sure that in the future that is attended to. Ms. Planck noted that that next 3 positions to be hired in the Office of Self Help were specifically targeted for people from minority communities: African American, Latino, and Asian. Ms. Jones said that she didn't want minorities to be just flunkies and minimum wage people. She said she wanted to see minorities in the coordinating positions. Mr. Brandon agreed saying that he didn't want just minimum wage positions. He said he just wanted to make sure that the concern is heard, because he and others would be very upset if this is not taken care of. Dr. Cooper said, "Your concern is heard."

Target Population Grid

Ms. Morgan raised the issue of the target population grid, and said the CTF would like to see it discontinued and see the original definition of target population reinstated. Mr. Samples noted the problem of inconsistency with different programs interpreting guidelines differently. He asked, "When will we get consistency?"

Mr. Jue said he couldn't guarantee consistency. He said the first question was: Do we have the capacity to increase access? He said DMS needed another 30 days to sort that out. He said DMS has determined that the most seriously-ill get priority access. Mr. Samples agreed that it is the policy of the MHB that resources go first to those most in need. Mr. Jue said, that the new plan had only started on July 1st, and said he would be glad to talk with the CTF or anyone about both individual cases or the larger system.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:20 p.m.

The
MENTAL HEALTH BOARD
Presents
(with much help from DMS)

at the
Mental Health Board meeting
1380 Howard Street, 4th Floor
Wednesday, September 8, 1993
7 p.m.

❦ *PANEL DISCUSSION* ❦
A small cluster of DMS staff, directors, and administrators will address the following issues and take questions from the floor:

How are the clusters set up?
How are they working so far?
What's the effect on clients?
What problems have surfaced?

Board members are asked to read Attachment B and bring questions.

★★★★★★★ **Nifty thematic door prizes** ★★★★★★★

Dept. of Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

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UPDATED AGENDA
Site review added to section on new business.

MEETING OF THE FULL BOARD
Wednesday, September 8, 1993
7:00 P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. PANEL DISCUSSION: "REPORT FROM THE CLUSTERS"

IV. REPORT OF THE DEPUTY DIRECTOR

V. OLD BUSINESS
- Update on Rose Hotel

VI. NEW BUSINESS
- Site Review for the Westside Crisis Clinic

VII. COMMITTEE REPORTS
- MHB Committees including Task Forces
- MHB Representatives to DMS and DPH Committees

VIII. PUBLIC COMMENT PERIOD: Members of the public may have up to three minutes each to address the Board on matters under its jurisdiction; except for agenda items if public comment has been taken during Board discussion of agenda items.

IX. ADJOURNMENT

CUBS/ILLINI

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Wednesday, September 8, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Robin Cooper, M.D. (Chair); Norma Block; Everett Brandon; Darwin Dias; David J. Fischer; Lois A. Jones; Melvin Miles; Lucille Ramstetter, R.N., D.N.Sc.; Rich Samples; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Nancy Messersmith.

ALSO PRESENT: Jeffrey Jue, L.C.S.W. (DMS); Mary Santos, R.N.; Neil Broudy (St. Luke's Day Treatment); Claudia Kruse (SF Alliance for the Mentally Ill); Steve Leoni (CTF/Mental Health Association); Kathy C. Kramm (Consumer); Jerry Veverka (SF Alliance for the Mentally Ill); Bob Krelle (Office of Self Help); Sheila Hembury (Mental Health Association); John C. Brauer (California Pacific Medical Center); Emily Cutler; Michael Wise (Consumer); Ann Jennings (SFGH-CAB); Kay Segnetti (SF Alliance for the Mentally Ill); Eveyln Balancio (City Wide Case Management); Diane Leech (SF Alliance for the Mentally Ill); Vivian Imperiale (SF Alliance for the Mentally Ill); Mary Sue Planck (MHB); Rich Snowdon (MHB).

CLUSTER IMPLEMENTATION PANELISTS:
DMS Administration: Linda Wang, Assistant Director for Adult Services and Cluster Implementation Leader; Luz Mary Harris, Cluster 2 Director; John Riggs, Assistant Director for Case Management and Aftercare Services and Cluster 2 Assistant Director.
Cluster 2: Mabel Jung, R.N., ISC Director and Director, South of Market Clinic; Valerie Edwards, Director of Outpatient Services, Westside Mental Health; Lonnie Hicks, Director of Administration, Family Service Agency
Cluster 3: Peg Hickox, M.S.N., ISC Director and Director of OMI Family Center; Juanita Hill, Ph.D., Training Coordinator, OMI Family Center; Hal Young, OMI Family Center
Contractors Association: Judith Stevenson, Director of Community Programs, California Pacific Medical Center.

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Robin Cooper at 7:05 p.m.

Dr. Cooper announced that George Meyer, M.D., and Ed de la Cruz had submitted their resignations from the MHB due to time constraints and other commitments.

Dr. Cooper introduced and welcomed two new Board members, David Fischer and Melvin Miles.

MSP to approve the minutes of the meeting of August 18, 1993, as submitted. A correction to information stated during the August 18th meeting was submitted by Robert Surber from the Department of Psychiatry at SFGH. He stated that SFGH has not be placing clients of the mental health system at the Rose Hotel, but that a number of them have made their own decision to move there.

II. REPORT OF THE CHAIR

MSP to ratify the letters collected in Attachment D of the Board Packet.

Dr. Cooper announced that the revised Bylaws would be presented to the Board by the October meeting. She said that Mr. Samples had been putting in a great number of hours to revise the Bylaws.

III. PANEL ON CLUSTER IMPLEMENTATION

Dr. Cooper reported that DMS has been reorganizing most of its services into clusters and that the MHB had asked for a presentation on how it's going.

Linda Wang began the presentation by making the following points: We've put a tremendous effort into creating a system of care for adults that will be an improvement over what has been taking place for the past decades. A great effort, from last November through June, was made to hammer out a new system. In the Board Packet is the second edition of the implementation plan.

There is a lot we are learning as we go, lots we are working out as we implement the clusters. We expect the implementation of the clusters will take a good year. We are trying to implement as rapidly as possible, but yet lay a strong foundation. In the past, the adult system has had 2 tracks: 1) clients in Napa, IMD's, and L-facilities, and 2) clients in community services such as day treatment and residential programs. There is no easy way to change a system that has been operating for 20 years.

Tonight you'll not hear a prepared presentation, but the experiences of the presenters. We have four clusters. Each cluster is a group of community services:

1. Mission, Castro, Bernal Heights
2. Downtown, Westside
3. OMI, Bayview-Hunter's Point
4. Chinatown, North Beach, Richmond, Sunset

We've tried to group neighborhoods that have some kind of affinity - sometimes bound together geographically or with a similar cultural focus.

The ISC is like the anchor for the cluster. Certain functions are performed there: 1) Gatekeeping. The ISC is the single point of entry for the cluster. All four ISC's use the same criteria for admission. The criteria may change depending on the resources available or the number of people asking for care, but all four ISC's will always be using the same criteria. We are trying to do away with individual programs using their own criteria. This is for admission into the mental health system, not just into a cluster. The client could, for example, be admitted at one ISC, but then says, "I want to go to a program across town where people from my neighborhood won't see me."

The idea behind coordinated services is to try to reduce fragmentation by having one point of responsibility, one person who will know the client over time, no matter what service he is in.

2) The second big task embarked on in July is assignment of coordinators, who will get to know the client, what works and doesn't work, what medications are needed - someone for the client to turn to to help him navigate through the system.

The second big job is to assign coordinators to new clients. For those already in the system, coordinators will be assigned in the month in which their birthday falls.

Mel Miles asked if the coordinator was the same as the case manager. Ms. Wang responded that in most cases the coordinator is the same as the case manager. She said that it is expected that the service provider will be the coordinator. The idea is to not have too many people involved, particularly if someone is stable.

Ms. Wang continued, making the following points: The ISC's are not new units. For new clients who are hospitalized, they will not be evaluated again. When they are ready for discharge, the ISC will assign them a coordinator. We are trying to reduce the number of assessments. That has been a big complaint.

Next is linkage of acute service service with community services. We want be able to say every person in acute facility will be assigned someone from the cluster as coordinator. So the bridge will be made before the client is discharged. This is a major change in how things are done. Now I'll let the other folks tell you about all the problems.

A member of the public asked how the Placement Unit is different from the coordinator. Ms. Wang replied that when a client is ready for discharge, the Placement Unit will go work with the client regarding the discharge. But the coordinator will follow the client through all forms of treatment and programs.

Mr. Samples asked about DMS evaluating the response of clients to the changes. Ms. Wang responded that there's been a good amount of chaos, but that if clients are not happy then that's not good. She said the basic premise of the clusters is that the clients get to choose what cluster and service they want to be part of. John Riggs added that if a client is unhappy with their coordinator, they can fire that person and ask for another coordinator.

Norma Block asked how the homeless become part of the system. Ms. Wang replied that there is a heavy concentration of homeless people in the downtown area, so DMS is trying to build resources in that area and is tying homeless outreach in with the system.

Everett Brandon made the following point: As minorities, we find ourselves in the position of being angry that these changes to the system didn't happen before. We're happy that its happening now, but it's important to think about what causes this creative burst, so we don't forget it, so we can go on making progress.

Dr. Cooper said that she wished she could be as optimistic as the presenter, but that she was concerned about what happens after the evaluation.

Ms. Spanglet said that she thought a lot of changes were due to input from consumers and family members and said they are to be applauded for their contributions.

Janice Cohen, M.D., asked how many people are being served. Ms. Wang reported the following: We get annual statistics, but I haven't seen the month to month numbers. In the past DMS served 11-13,000 people annually.

Roy Crew said that the initial idea was for cluster services to be in one center under one roof. He said he was concerned that there are programs signing 5-6 year leases. He added that it seems that there needs to be some guidance for day treatment, outpatient, and case management programs so they know the vision of the new system. Ms. Wang replied that DMS is actively pursuing consolidation of services in the Mission and Chinatown/North Beach areas.

Mabel Jung reported the following: ISC Directors share a high degree of frustration at the lack of clarity and direction. But each ISC has uniqueness. For me, I feel like I have to shut down because of the lack of coordinators. But staff has bought into coordinated care. But I don't have services to provide. I hope that will be resolved soon, but right now there is a high degree of frustration. Right now we ar not a system. I've been hearing from contractors that they are going on with business as usual. Westside has been very open and cooperative.

Mr. Miles said that he had studied service systems and had written his thesis on that topic, and wanted to note that the linkage strategies are the hardest part of creating a new system. Dr. Cooper asked Ms. Jung was talking about and asked for some

examples of what she was talking about. Ms. Block said that she was concerned about the coordinator role not being defined, and that that seems to be key.

Ms. Jung responded as follows: If someone is not the service provider for a client then they don't want to be the coordinator. I have spent time assigning coordinators for low users of services when at my door are so many from acute services. At 9 weeks into the system, I have maxxed out. Most programs in my cluster have a specialty focus. I don't have enough contractors for general clients. They say that the client fits the 9-point grid, but not their specialty.

Judith Stevenson reported the following as a representative of the Contractor's Association: I have spoken with many contractors. We understood early on that the coordinator should not be the treatment person. If the coordinator is the person providing the treatment, then there is a bias toward keeping the client. There is a disincentive for moving the person on. We understood that the coordinator would be independent and put some teeth into the process. The coordinator would be able to say, "I've authorized this case," and the provider would have to open their doors. The concern is that coordinators who are clinicians are saying, "We're just authorizing our own clients for our services." I've heard this from contractors and civil service.

Valerie Edwards reported the following: From the perspective of Westside, we have been kind of reeling from the changes. I have told Mabel that we are starting to get backed up, and are having trouble taking on the coordinator role. We think it is good for the coordinator to be the clinician, because especially with the target population, a client's condition can change so quickly and their need for treatment can change so quickly.

Dr. Cooper said that she wanted to quickly move through the ideas everyone had brought for the presentation, and then go back and deal with them in smaller components over the next months.

Peg Hickox reported the following: What Mr. Miles said about linkages is one of the positive things that's happening. We are building cooperative and creative linkages. It's been a pleasure to retire the waiting list of the OMI Family Center. We do 120 evaluations a month. We are finding ways to create a new service. The enormous challenge of the last few months has been to ask staff to work on shifting sands while we try to internally reconfigure our organization as we go. We desperately need more time. We are doing more caseload management. Staff are rising to the occasion and being creative in designing services. As the ISC Director, it's a very exciting time in OMI. I remember the 70's when we were involved in a much wider range of community services. I'm hopeful that the glitches will get resolved. But they really take time to work for us it's really new to have a consumer-run group, but we love it. We want to make more changes. But we need time.

Lonnie Hicks made the following points: If you focus on what it will take for everyone to succeed, this puts your thinking in a different cast. Or you can focus on what it would take to fail. I think the emphasis should be on what it will take to succeed. There are three ways to go: 1) muddling through - and that can be okay, 2) negotiating our way out of it, and 3) manage our way out of it. Much of what we are talking about is a management problem. What will be our benchmarks for success in a year. It is a joint management problem and everyone needs to step up and say what part am I willing to manage.

Dr. Cooper noted: Our purpose here is to understand what's working and what needs help, because if we muddle through, it's the clients who get hurt.

Hal Young reported the following: So far my experience has been very good. Once you conceptualize what the change is, then you can start changing the structure to meet the needs of the clients. We are looking into brief therapy, we are doing a lot more assessments, and we are responding to our changing role. We have a good linkage with Bayview Hunter's Point because of the exchange of staff. It's an excellent clinic. We go out and do assessments and free up their time for clinical work. The Bayview Clubhouse and Thunderseed have been very open to working cooperatively. We've been coming up with ways of streamlining things. The main part of it I like is it's a very humane way to give services. People don't fall between the cracks as much. Eventually when we go out to acute services, we'll be able to do much better at helping clients.

Ms. Spanglet suggested getting all the ISC directors together to trade ideas about what works. Ms. Jung responded that directors had been meeting, but that each ISC is very unique.

Juanita Hill, M.D., of OMI Family Services reported the following: I provide direct services for 20 clients, run the training program, and am also the program developer. All the clients I've seen are already in the system and having to make the transition. They have liked the added emphasis on their being an active participant in planning their own treatment - their own words are used. This was already part of the system, but much more implicit in the past. They don't like the confusion but no one does. We are now able to bring in more trainees, because we are not locked into the old system. We now have a brief therapy program and can move clients through crisis periods and make stable transitions to the private sector. Clients are being very flexible and understanding about the transition.

Ms. Edwards reported the following: I'm really struck by the contrast. I'm overwhelmed by what I hear about Cluster 3. While at Westside, the staff is rallying, we contractors are experiencing a shrinking role. We can't just take people in, but have to send them to the ISC and wait for the route back. Perhaps our clients are more ambivalent about treatment. The loop is now longer. In the long run it will be positive. In Cluster 3 your role has expanded enormously. There's not the same anxiety.

Ms. Stevenson reported the following: There are lots of changes going on which are going to affect our survival as providers. We're aware resources are going to have to shift. We're very aware that we have had a very wealthy system over the years. We have to get more creative each year. But we haven't answered the question of the massive discharge of people from the system, and that will mean a shift in contracts. We have to provide units of service, and don't get paid if we don't, But we don't have control over the flow of clients. If we give up clients we have, what if we don't get any more? We'll be out of business. Now that may have to happen to some programs. We understand that. We just want a visible process. We were very involved in planning, then we were dis-invited, which was okay. In the past we got reimbursed for costs, so if we saw 1/2 of the patients we were supposed to, we still got reimbursed. Now we get reimbursed for what we provide, but we don't have control over what we provide. There is heel dragging in some cases, which comes from contractors being brought back into the process and told now to implement and do it yesterday. We are asking for a visible process. If there is one, I think the public private partnership will improve. Part of the problem is that you've got 3 major new things going on, but also contractors are not equal partners. Mr. Riggs added that there are 3 partners - that the people being served are also partners.

Lois Jones said that she could see a problem with the coordinator and the treatment person being the same. She said she could see a bias there or conflict of interest, and it muddies the water. Mr. Fischer asked if this was a real problem, and Ms. Jones replied that it was. Dr. Cooper said that she thought it was the Board's task to take the issues raised in the presentation further and to look at them in small pieces and greater depth.

Sheila Hembury asked if the homeless mentally ill were being assigned to a particular cluster. Dr. Cooper said there would be a presentation on that in a future MHB meeting. Luz Mary Harris replied that Cluster 2 and Larry Cruz were working on setting up a system for seeing the homeless.

Jerry Veverka said that it was gratifying to hear that people are trying to make a very good idea work. He said that his family member had slipped through the cracks. He said there was a difference between what he was hearing out in the field from what he was hearing at 1380 Howard. He said that "client-driven" in the field often means if the client doesn't want services, leave them alone, you don't have to worry about them. As opposed to meeting the client's needs in the client's terms. He said that the concept of the changes in the system needs to be stressed more, in addition to the technical aspects.

Ms. Wang said that others had raised this issue, too, that the coordinators do not fully understand what we're trying to put in place. She said ISC Directors had asked for training for the coordinators. She said she was in the process of developing such a training.

Dr. Cooper thanked all the presenters for their forthright presentations.

IV. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue said he wanted to thank the panelists for showing that what is making things work in spite of the problems, is people who are dedicated. He noted that the backdrop for all these changes is the budget hassle. He noted that 4 majors changes were underway at the same time: 1) system reorganization, 2) rehabilitation option, 3) coordinated care, and 4) new and different systems of accountability. He said that if a service cannot be provided at a competitive cost, then DMS has to look at new ways of delivering services.

He made the following additional points: In terms of overall systems values, outcome indicators will be the focus of the Quality Improvement Committee (QIC). Our hope is to create systemwide indicators. The QIC will be able to authorize special studies and special projects.

These questions have been thrown in our face: What is the capacity of the system? Who are we actually serving? What works? We've had a program for two decades with almost no change. We have the opportunity now to ask a lot of questions we haven't had the opportunity to ask before. Data in the past has been very limited, based mostly on billings. Coordinated care and rehab option and outcomes will give us more data to work with.

Under funding from Proposition J, Children's Services has opened two part-time mental health clinics, one at Geneva Towers and one in the Sunnydale area. The excitement in both programs is running very high, because these are the only health resources available in those parts of town.

With regard to the target population, a task force is in the process of revising the grid. Big changes should not be expected. We still only have a six-month budget guarantee for many of our services.

Mr. Brandon addressed the Chair as follows: Do you have a sense of where this discussion will go? The MHB should keep this issue on the agenda. The question of who will be served needs to be clear. Maybe this Board needs to ask some of the difficult questions, and maybe set up a process for doing so. Also structural issues need to be looked at. What does civil service do and what do contractors do? These are two crucial issues that are going to plague this program until somebody clears them up.

Dr. Cooper said she was thinking to shift the closer focus on these issues to committee work, and that a committee could go out and look at the clusters, especially Cluster 2 where the most conflicts are occurring.

Mr. Brandon replied he thought the MHB should keep it on the agenda. He added the following points: Perhaps you could invite us to bring input to you and maybe at our next meeting we could follow up on it. We need to talk to Jeff again about some of these critical issues.

V. OLD BUSINESS

Darwin Dias reported the following regarding the Rose Hotel: Things are still up in the air, but are coming together more and more. I've been wondering about some seismic problems and have been reassured that the problems don't exist. There are 96 rooms at the Hotel and money is available for rehabilitation. HIP, the developer, is getting all of the paper work together for the HUD application and for the services that will be offered at the Hotel. This will be a lease with an option to buy. In the meantime, we will be looking for more special needs housing.

Mary Sue Planck said that Mr. Crew had talked with HIP about members of the MHB and the CTF inspecting the Hotel. Mr. Crew said that HIP had agreed to this. Dr. Cooper said she wanted to review this issue and put it on the agenda for next month since so much opposition had been expressed last month. Ms. Spanglet said there was also going to be a meeting with the Police Department. Mr. Dias said that he didn't think the area was more the building, you are in a different world. There is additional nonprofit development going into the 6th Street area.

Steve Leoni said that things are not moving as quickly with the Rose Hotel as HIP thought, because the landlord is apparently in a lawsuit with the leasee.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:10 p.m.

70.52
10/13/93

SAN FRANCISCO MENTAL HEALTH BOARD

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PLEASE NOTE: UPDATED AGENDA
Change in Item IV. from Presentation on Homelessness to Presentation on Childrens's Services due to change in staff availability

MEETING OF THE FULL BOARD
Wednesday, ~~October~~ 13, 1993, ~~7:15~~ P.M.
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR
- Committee Assignments (Attachment A)
- Proposition C - Local Sales Tax (Attachment B)

III. REPORT OF THE DEPUTY DIRECTOR
Jeff Jue has been asked to provide an update on cluster implementation, as a follow up to last month's meeting. Linda Wang will also be present for this dicussion.

IV. PRESENTATION: CHILDREN'S SERVICES
Nancy Presson will provide a brief overview of Children's Services

V. COMMITTEE REPORTS & ACTION ITEMS

Planning & Policy
- McKinney PATH Grant (Action - Attachment C)
- CHAS Report (Action - Attachment D)
- Action Plan Hearings (Action - Attachment E)

Executive Committee
- AB 2244 [Fair Housing] (Action - Attachment F)

Consumer/Family Member Task Force: Letters to Ratify (Att. G)
- Rose Hotel
- Placement Process
- National Health Plan
- Patient Checklist to Preserve Housing, Pets, Belongings (Action - Att. H)

(Please See Reverse)

VII. OLD BUSINESS

- Westside Site Review - Ratification of Action put over to Exec. Comm. at September MHB Meeting (Attachment I)

VIII. **PUBLIC COMMENT PERIOD:** Members of the public may have up to three minutes each to address the Board on matters under its jurisdiction; except for agenda items if public comment has been taken during Board discussion of agenda items.

IX. ADJOURNMENT

NOTE: There will be an Orientation for new MHB members immediately preceding the regular meeting, from 6:00 - 7:15 p.m. No action will be taken during this time. New Board members are asked to come at 6:00; all MHB members are welcome to participate. A light meal (breads, cold cuts, cheese, fruit) will be provided.

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

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UNADOPTED MINUTES
Wednesday, October 13, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Robin Cooper, M.D. (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Everett Brandon; Janice Cohen, M.D.; Darwin Dias; Maria Leib; Nancy Messersmith; Melvin Miles; Lucille Ramstetter, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Paula Wilson.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; David Fischer; Lois A. Jones.

ALSO PRESENT: Jeffrey Jue, L.C.S.W. (DMS); Linda Wang (DMW); Nancy Presson (DMS); Judith Stevenson (Director of Community Programs, California Pacific Medical Center and Contractor's Association); Susan Owsley (Spiritmenders); Julia Diaz (Spiritmenders); Glenda Jeong (Keystone Vocational Services); Kevin McLaren (Thunderseed Day Treatment); Ralph Jacobson (Community Advisory Board, SFGH); Vivian Imperiale (SF Alliance for the Mentally Ill); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Robin Cooper at 7:15 p.m., following the orientation for new Board Members.

MSP to approve the minutes of the meeting of September 8, 1993, as submitted.

II. REPORT OF THE CHAIR

Dr. Cooper called everyone's attention to the Committee Sign Up Form in the Board packet and asked Board members to check their preferences for committee assignments and return the form as soon as possible.

She also called attention to Attachment B regarding San Francisco Ballot Proposition C. She reminded Board members that the MHB cannot legally take a position on a ballot proposition. She said that it was legal, however, for individual MHB members to take positions as private citizens, if they so choose. She explained that both Propositions C and State Proposition 172 will have a major impact on funding for mental health programs, since many programs in San Francisco are only funded on a 6-month basis and would be greatly diminished or closed if there is no extension of the sales tax. She said that if either proposition does pass, a process of negotiation would then begin regarding the specific distribution of the funds.

III. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue made the following points: The draft of the managed care plan from the State Department of Mental Health (Entitled "Managed Care for Medi-Cal Mental Health Services") has been published, and will be distributed. DMS is starting its own Managed Care Committee. Nancy Presson is serving as Chair.

The DMS supplemental budget for the current 6-month period has not yet been approved, but should be in the next 2-3 weeks. In this process DMS took more cuts. Ten vacant positions have been cut (90 for the Health Dept. as a whole). The 10 positions cut were critical to a whole range of services.

DMS has been participating in the Matrix Program by providing 2 DMS outreach workers who work with 2 DSS workers and 2 police officers on the outreach team.

Senator Milton Marks is holding a hearing on Homelessness and Mental Illness on Wednesday November 3, 1993, from 9-12 at the State Building.

Some of the state bureaucrats are starting to think that some of SF's larger residential facilities (in excess of 17 beds) might be considered IMD's. If that happens, Medi-Cal reimbursement would not be possible. DMS is fighting this and will seek legislative remedies if necessary. This is a major problem with significant financial consequences.

CSAS was successful in getting an $11-million target cities grant from the federal government, which is to be used to improve systems of care.

The Zellerbach Family Fund is addressing the problem of the service gap for 17 year olds turning 18, the gap between children's and adult services in mental health, education, and social services. They have done a study of the problem and are planning a conference on the policy and service impacts of this discontinuity. They are calling it the "Too Young, Too Old" issue.

The site for the Westside Crisis Clinic has been approved. Team II, the Gay & Lesbian focus team will be moving back to the Monterey Clinic.

Mr. Jue then introduced Linda Wang, who is the leader of the Cluster Implementation Team for DMS. She made the following points: There were several issues raised at the last MHB meeting that are not necessarily solved yet, but progress is being made - specifically with the problem of an insufficient number of coordinators, especially in the Downtown/South of Market ISC. There are several things we've tried to do: a) With regard to the issue of specialty focus programs refusing clients who don't qualify for their speciality, we've built into their contracts language for this fiscal year, that if the monitor determines there is sufficient need, the program will accept non-specialty clients. b) Since the last MHB meeting, the assignments of case managers to clusters has been finalized, allowing them to be coordinators for their clients and new clients as well. c) Not finalized yet is the situation of co-op and AILP staff to be coordinators for their clients who don't receive services elsewhere. The Executive Directors have agreed, but they are negotiation with their unions about the additional responsibility for their staff. We hope to add them soon to the pool of coordinators. d) Training - Many assigned coordinators are not familiar with the overview of the system and all the services available. Five trainings have been scheduled from next week through mid-November. e) Civil Service/Contractor relationship - One concern was expressed that referrals are not happening

to the extent some contractors feel needs to happen to enable them to meet their units of service. Acute service linkage is taking place to make referrals more efficient.

Nancy Messersmith made the following points: There are children's and geriatric clusters as well. She has been getting calls from parents, who say that coordinators have called them and said we are coming out to your home. In one case an unlisted number was called. I hope this is not happening in adult services.

Ms. Wang replied that there is a requirement that coordinators have to meet face to face with their clients. Ms. Messersmith responded that that did not mean they had to go to private residences. Ms. Wang replied that Ms. Messersmith was right.

Lucille Ramstetter asked if DMS was going to be giving out a list of coordinators. Ms. Wang said that there are over 160. Ms. Ramstetter asked who supervises the coordinators. Ms. Wang made the following points: staff play several roles, and that the lines of authority had not been changed. Staff answer to their supervisors as before. Coordinators are part of coordinator teams. The coordinator team leader reviews and approves the plan but does not directly supervise the coordinators.

Rich Samples said that it is important to tie the medicating psychiatrist in with the coordinator, because that's where the problem is. He said in one case where he had intervened as an advocate against the medication decision of the psychiatrist, the coordinator was also trying to stop the medication decision, but couldn't.

Dr. Cooper requested that the details of the cluster implementation be referred to the Cluster Oversight Committee to be looked into in greater depth.

Janice Cohen said she was also very concerned about the lack of clarity of duties of case managers and coordinators. She said it would be helpful for the Committee to be able to get an idea of the range of responsibilities for each. She said she thought the problem was both one of capacity of the system, and also a lack of clarity of roles.

Mr. Jue then made a few additional announcements: Chevron has given a $45,000 grant to the Primary Intervention Program. It will fund programs in 3 schools to provide special friends for kids identified as having trouble. This is a new level of public/private partnership.

DMS is working with researchers who are very interested in studying pre and post reform, and some of the ideas discussed have been very exciting.

Everett Brandon ask about developments regarding Napa. Mr Jue made the following points: Napa is going through big changes with revenue enhancement and the business plan. They need to make the changes they are working on currently in order to survive. I think one day it will come to state hospitals or IMD's, but not both. I think state hospitals are getting it that they can't charge $3-400/day and not be as accountable as everyone else. Mr. Brandon asked if Mr. Jue saw the County playing a role in determining that outcome. Mr. Jue said that at this point the advantage is in the IMD direction. He said the hope is that the state hospitals become cost conscious and focus on outcomes, and that they will see they have to be competitive in this market.

IV. PRESENTATION ON CHILDREN'S SERVICES

Nancy Presson said that she was going to make a brief presentation on Children's Services, who is being served and what the priorities are for the next year. She said she hoped it would give an idea of the differences between Children's and Adult Services. She continued with the following points: During the last fiscal year 2,673 children were seen - and this is an unduplicated count, the first year DMS has had such a count. (Note: This number is the total of children seen in treatment only. There are another 2-3,000 children who were seen in prevention programs.) The total budget is $14 million. Two years ago voters decided to protect children's services, which means they are free of budget cutting by and large. Also with Proposition J there is a renewed focus on collaborative services across city departments.

Under the current system, there are 14 beds allocated at Napa for Children's Services, and we've been using 12. This is a tremendous change, because it was 36 only 3 years ago. We think it will go down to 3 or 4 or none as we build our subacute facility at SFGH to house 15 adolescents. There are 42 residential slots, not counting social service or probation placements. There are 120 day treatment slots in 7 different programs, 3 programs for children 5-11, and 4 for adolescents. Four of these programs have schools attached to them. We are trying to flex those slots so that we can reach more children.

There are 800 children receiving treatment in our outpatient community clinics at any one time, and 200 in our crisis/entry services at any one time. We are trying to increase the crisis services to avoid hospitalizations. We also have set up 4 respite beds, 2 for adolescents and 2 for latency age children, to avoid hospitalizations. We are focusing on preventative work.

The Child Adolescent Sexual Abuse Resource Center (CASARC) provides services 24 hours a day to meet the needs of any children who have been sexually assaulted. They have 18 staff and it is a model program in the state. Mental health assessment is now a part of the protocol for children going through the Child Protection Center at SFGH. We also offer short-term treatment there.

We're looking at the whole constellation of hospital-based services to see ourselves as one single point of entry for any kind of trauma, with DPH, DMS, and CPS working together. The other two main entry places are 1) the AB3632 Program which is required by law, and we get 500-600 referrals from Special Education programs in the schools. 2) We see and assess children referred for assessment by the Youth Guidance Center.

We have two goals: 1) To provide a system of care for seriously-disturbed children. These children often have other problems and they and their families are often involved in other agencies. It's really important to work collaboratively with the other child service agencies. We have an agreement among providers that as much as possible they will provide services in the schools where the child is all day. We are establishing partnerships with 30 special education classrooms in the city.

2) We have a responsibility for providing early intervention to avoid kids coming into the first category above. Proposition J has been very helpful in this area. We have contracted with DPH to provide services at: Pilgrim's Community Center in the OMI, RAP School in the Mission, Allemany College in the Tenderloin, and a cluster of 7 schools in Visitation Valley. However none of these services is enough. The school district is bereft of support services.

We are active in the Healthy Start program at 6 sites. We've provided mental health consultants to some schools which have requested such services. We also have a program for children who are dually-diagnosed - with disabilities and mental health issues. This is a very successful program.

Dr. Cooper asked how Children's Services fits in with the clusters. Ms. Presson replied making the following points: The main imperative of the Adult Services is to reduce access to community-based services. The Family Mosaic inter-agency program got capitated and is the only current the managed care system. Children's Services has always used hospitalization through Medi-Cal, but the cost is $600 per day, so it's clear that we have to manage the high end. There is a history of territorial fights - if it's a DSS kid, they pay, if it's a DMS kid, we pay. The priority is on tying the acute system to community programs in a much more intensive way than in the past. Children's Services is a city-wide Child Cluster. There is a central screening committee for intensive services. All the day treatment directors are on it. It's a joint committee with the school district and DMS.

With regard to outpatient services, the primary therapist is also the coordinator, supervised by the director. When a child goes to day treatment then it has to be decided who's best to be the coordinator.

Mr. Samples asked how parents participate. Ms. Presson replied as follows: We work as partners with parents, and with schools. No decisions are made without the IEP team for Special Education. Under state education law, parents have a clear right of due process, so they have great power on the IEP team. We are working on the appeals and grievance procedures needed under coordinated care and managed care.

Ms. Messersmith said that she had received 4 notices that a coordinator would call, but that none had. She said she wished they would send out a notice saying they would like to have a face-to-face visit, but not a home visit, since that can be traumatic for some families.

Ms. Presson said that if a child is in outpatient treatment, then the therapist is the coordinator. If that's not the case, the parent will be notified of a special arrangement. She said the coordinator should be the person who knows the child best.

Mel Miles said that he could see a lot of complications in the system for a child in different services. He asked if a child were to be arrested, who makes the decision whether that child goes to YGC or to a mental health program? Ms. Presson said that if the child is 5150-able, then they come to mental health. Mr. Miles asked how that affects the parent's participation. Ms. Presson said that if a probation officer is involved, then the parental rights can be diminished. She said that it's complicated, but it depends on whether it is a voluntary or involuntary situation.

Ms. Presson continued as follows: This is where the Family Mosaic Project comes in well. It's a place for people from multiple agencies to negotiate out the difficulties. By and large the court decides. Then the probation officer is *in loco parentis*. These families, when in distress, get bombarded by so many professionals and it behooves those professionals to be very coordinated. Rojas (SFUSD), Jordan (YGC), and Cahill (DSS) have been very good at working cooperatively on collaboration.

Dr. Cohen asked if there was anything intrinsically different between a coordinator and a case manager. Ms. Presson replied as follows: The coordinator plans across mental health services. That can be easy if the child is in one service. The majority of children come to one facility off and on over time. The Family Mosaic Project found 1,000, perhaps up to 2,000, whose lives are more complicated and are involved in multiple services either serially or at the same time. The system needs to coordinate care. Parents need that help. The coordinator can help negotiate the system.

Dr. Cohen responded that that meant there are 2 levels of coordination: the "local" level within the program, and the system-wide level. Ms. Presson said that this was correct.

Ms. Messersmith said that one of the priorities was to bring children back from out of state and out of county, and asked if the new L facility will be able to bring children back. Ms. Presson said that was the case, that it would be able to bring children back from out of state and from Napa both. She said Children's Services had been trying to develop a cadre of residential programs close to home in the Bay Area - not to take over parenting, but to help kids get back home.

Mr. Miles asked what percentage of money in Children's Services was spent on prevention. Ms. Presson said it was 70-90% of new money, but that overall it was a very small percent, with probably not more than $1 million of the total budget of $14 million going to early intervention.

Mr. Miles said that studies have shown how well early intervention can prevent problems later on. He said that from a moral or ethical standpoint, prevention is important and in situations where groups like African Americans and Asian Americans need prevention services but can't get them, it really amounts to institutional racism.

Ms. Presson replied that in terms of early intervention, San Francisco is able to do things other counties can't since there is only 1 school system, 1 DSS, etc. Dr. Cohen and Dr. Cooper also noted concerns about prevention services. Ms. Presson received a geenral round of thanks for an excellent presentation.

V. COMMITTEE REPORTS

Mary Sue Planck explained that recommendations from Committees were considered as a motion with a second, needing only a vote to approve or disapprove them.

Phyllis Spanglet explained the recommendations from the Planning and Policy Committee.

MSP to endorse the DMS application for funds under the McKinney PATH (Projects for Assistance in Transition from Homelessness) Grant, to be used to help fund Swords to Plowshares and the South of Market Outpatient Clinic.

MSP to forward to the Mayor's Office of Housing the following comments regarding the 1994 CHAS document:

> **Once again, the CHAS Report neglects the housing needs of the mentally ill. Where is there a strategy reflecting those needs? Since decent housing is a major factor in improving people's mental health and functioning in the community, this is an oversight that must be corrected.**

It is not helpful to simply blame San Francisco's attractiveness for all its housing/homeless problems. To develop policies and strategies to address problems, it is necessary to look at and confront those that have not been working.

Ms. Spanglet also gave a brief report on the upcoming Action Plan hearings, saying that the MHB is making a special effort this year to go out into the community to increase access and attendance. She said Board members will get a list of the final dates and places and strongly recommended attending one or more of the hearings to listen to the testimony.

Dr. Cooper introduced the request for ratification from the Executive Committee:

MSP to ratify the action of the Executive Committee in urging Governor Pete Wilson to sign AB 2244 (Polanco) to bring California into compliance with the federal Fair Housing Amendments Act (FHAA) by clarifying and strengthening protections from discrimination for the citizens of California.

The following recommendations from the Consumer/Family Member Task Force (CTF) were passed:

MSP to ratify the action of the Executive Committee in approving the CTF memo in Attachment G1 regarding the development of the Rose Hotel project by Housing for Independent People.

MSP to approve the memo in Attachment G2 to be sent to Jeff Jue urging him to move ahead with current plans to create a single, centralized placement unit and process.

MSP to approve the letter in Attachment G3 from the CTF to Senator Feinstein, Senator Boxer, and Congresswoman Pelosi urging parity for mental health from the beginning of the new national health care plan.

At Mr. Sample's request the Board also passed the following motion:

MSP that the MHB request that the CTF write a letter to Senator Feinstein, Senator Boxer, and Congresswoman Pelosi to protest the cutting of funds to block grant programs - similar to the letter already written by the MHB.

MSP to endorse the proposal by the Mental Health Association's Consumer/Family Member Housing Group to preserve the housing, pets, and property of hospitalized mental health consumers, the endorsement to take the form of the approval of the letter by the CTF in Attachment H, and the approval of a similar letter to be sent by the MHB.

Dr. Cooper commented that this proposal was an incredibly good piece of work and complimented the MHA on it.

VI. OLD BUSINESS

MSP to ratify the action of the Executive Committee, as detailed in Attachment I) in recommending approval of the site at 888 Turk Street for the Westside Community Crisis Center.

VII. PUBLIC COMMENT

Judith Stevenson, President of the San Francisco Mental Health Contractors, made the following points: I felt privileged to have been given the opportunity to express the concerns of the contractors at the last meeting of the MHB, but I am somewhat distressed to hear the responses from the Department in tonight's meeting. I want to ask that you hear our concerns regarding cluster implementation and that you invite us to join you at your committee meetings so you can get our input when you are looking at the details of implementation.

The majority of beds and treatment slots are run by contractors. This year contractors are going to be at financial risk in a way we haven't been in past years. There are two parts to the system: civil service and contractors. One part tells the other part what to do. We've formed a managed care committee. We think it is imperative that the Board be familiar with the issues contractors are concerned about. We want to insist on full partnership at the table, not out of disruptive intent, but because if contractors are not included they may find other tables to go to and I'd hate to see that happen.

Mr. Samples expressed concern about contractors being left out. Dr. Cooper said she thought that was one of the major issues brought up at the last meeting and wanted to refer it to committee for detailed study.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:18 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

MEETING OF THE FULL BOARD

Wednesday, November 10, 1993
7:00 p.m.
1380 Howard Street, 4th Floor Conference Room

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AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR
Ratification of MHB Bylaws - See Attachment A

III. REPORT OF THE DEPUTY DIRECTOR

IV. PANEL DISCUSSION - "HOMELESS & MENTALLY ILL"
Eleanor Jacobs, Homeless Coordinator, Mayor's Office
Rosemary Martinez & Jim Tate, DMS Outreach Team
Cmdr. Dennis Martel, Field Operations Bureau, SFPD

V. COMMITTEE REPORTS
Executive Committee
Planning & Policy
Issues & Public Interface
Consumer Task Force
Provider Task Force
SFGH Community Advisory Board
Other committees that have met this month

VI. PUBLIC COMMENT

VII. ADJOURNMENT

(Please See Reverse)

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda and minutes will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

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SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
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San Francisco, CA 94103
(415) 255-3474
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UNADOPTED MINUTES

Wednesday, November 10, 1993
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Robin Cooper, M.D. (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Everett Brandon; Janice Cohen, M.D.; Darwin Dias; Lois A. Jones; Maria Leib; Nancy Messersmith; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; David Fischer; Melvin Miles; Lucille Ramstetter, R.N., M.S.N.; Paula Wilson.

PANELISTS: Eleanor Jacobs, Homeless Coordinator, Mayor's Office; Cmdr. Dennis Martel, Field Operations Bureau, San Francisco Police Department; Rosemary Martinez and Jim Tate, DMS Outreach Team.

ALSO PRESENT: Luz-Mary Harris (DMS); John Brauer (California Pacific Medical Center); Kevin McLaren (Thunderseed Day Treatment); Michael Wise (Board & Care Home Resident); Renee Richardson (Office of Self Help); Vivian Imperiale (Alliance for the Mentally Ill - California & San Francisco); Neil Broudy (St. Luke's Day Treatment); Peter Tira (S.F. Independent); Kathy C. Kramm (Consumer); Brian Burke (CPC Hospitals); Beta Snell; Tracie Pyers (Office of Self Help); Kam Yuet Kwong (Office of Self Help); Rebecca Suzanne (CPC Belmont Hills Hospital); Amelia Morgan (San Francisco Alliance for the Mentally Ill); Valerie Edwards (Westside); Jorge Jimenez (Office of Self Help); Michael Hawkins (Office of Self Help); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Robin Cooper at 7:17 p.m. **MSP to approve the minutes of the meeting of October 13, 1993, as submitted.**

II. REPORT OF THE CHAIR

Dr. Cooper announced the following items: Vivian Imperiale has been elected President of the California Alliance for the Mentally Ill. The announcement of the new Director of Public Health will probably be made in late November or early December. There are two internal candidates. Proposition 172 passed, extending the 1/2-cent sales tax. It is hoped that it will allow continued funding for mental health programs - the ones that

were funded on a 6-month schedule, but that still remains to be determined. The interim budget is still not passed.

Dr. Cooper called attention to the proposed revision of the Bylaws for the Mental Health Board (Attachment A) and thanked Rich Samples for the months of work he put into the revision. She noted that the only question left undecided by the Executive Committee was the length of term of officers. A discussion of this question followed.

MSP that the proposed Bylaws revision be adopted as the Bylaws of the Mental Health Board, with one-year term limits for officers.

III. REPORT OF THE DEPUTY DIRECTOR

Luz-Mary Harris submitted the attached report from Jeff Jue, who was unable to attend due to the fact that he was at a special meeting of the Managed Care Steering Committee.

Attention was called to the urgent memo in the packet from Bryan Jones of the California Mental Health Advocates regarding the latest health care reform proposal by President Clinton, making mental health services optional rather than mandatory.

MSP to send an urgent letter to President Clinton from the MHB protesting these changes immediately, and to refer the matter to the Issues & Public Interface Committee to develop a detailed strategy for responding to this issue.

IV. PANEL DISCUSSION: "Homless & Mentally Ill"

The panelists introduced themselves briefly. Eleanor Jacobs was the Executive Director of Westside Community Mental Health for 4 years prior to becoming the Mayor's Homeless Coordinator. Rosemary Martinez has been the DMS Police Liaison for the past 3-1/2 years. Jim Tate is a gay health specialist and has been on the DMS Outreach Team for the past 10 years. Cmdr. Martel oversees the patrol division in the SFPD which is responsible for the Mayor's Matrix Program.

Eleanor Jacobs made the following points: The City is facing a $100 million deficit. The budget instructions have been put together to work with that reality. Proposition C did not pass, but Proposition 172 did. Ms. Spanglet's explanation of the Mayor's position was on target - that the voters of San Francisco, by not approving C have said they want all the money from the 1/2-cent sales tax to go to public safety. But my point of view is that mental health services are part of public safety. I urge you to see it from the same point of view. You have to educate people to the fact that any discussion of public safety must include mental health and substance abuse services.

The history of the Matrix Program begins with taxpayer concerns about the decreasing quality of life,with homelessness being the most visible part of that. Taxpayers may not be sensitive to our issues, but they do pay the bills. The Mayor must respond to the

voters. The outcry was remarkable. Stacks of letters came in. In many ways they were brutal, saying things like, "the City has turned into a cesspool."

Mayor Jordan called in department heads in response to this. Matrix means a concentrated effort in selected areas of the City to enforce basic codes already on the books - no urinating or defecating on the street, no congregating at certain points.

It was determined that the police would enforce the program. The goal was to be proactive in providing services. So if individuals were encountered who had service needs, it could happen immediately. Dept. Social Services, Division of Mental Health and Substance Abuse Services, Police Department, District Attorney's Office, City Attorney's Office, Dept. of Public Works, Park and Recreation, and the Housing Authority are all involved in the program. I don't know of many other examples of such a level of cooperation.

The idea is to get DSS benefits to people and if they are homeless to get them to an SRO hotel and to expand the SRO program. But the roadblock has been that many hotels proposed for SRO's are not up to code. Very few of them could be used immediately. Inspection of hotels is underway and getting them up to code is a major priority for the Mayor, because SRO hotels are seen as a major resource for housing.

We are trying to accelerate the process. The Bureau of Building Inspection is short staffed. We are trying to find a way to have outside inspectors come in for 30-60 days. It's a tough process to keep the hotels up to code after they've been inspected. Another key issue is that if a hotel is used, they have to agree to allow tenants to gain permanent status. The practice has been to evict people before they have been there for 28 days. Now they must allow them to stay beyond 28 days, so they can get permanent residency and tenants' rights.

The inspections and getting the tenancy agreements delayed the Outreach Team from getting out. The Police Department started Matrix in August, and the Outreach Team started in October. This gap was the cause of a lot of the misinterpretations and misperceptions. There are quite a few rooms empty on any given night. Possibly 2,000 or more. If they can be brought up to code, why can't we use these as housing to get people off the street?

Departments were very receptive to Matrix. You've heard that coercion was involved, but those reports have not been my experience. The DMS Outreach Team has been on the streets for years. It's not new. What's new is the interdepartmental team and working with the police.

The City spends $46 million a year on services to the homeless. The majority of the money goes to DSS and DPH for mental health, substance abuse and AIDS services to the homeless. Over $40 million is spent on GA to the larger population. So approximately $100 million in City resources is spent on homeless services. One goal is

to ensure that mental health services for homeless people is a priority. I'm constantly enquiring how the clusters are working and how the homeless are being included.

Cmdr. Martel made the following points: During the last part of 1992 and the first half of 1993, we were receiving increasing complaints about deteriorating conditions on the streets, in parks, and on plazas. There was an ugly cycle. People stopped patronizing those areas, then businesses closed their doors, and there was a further increase in the cycle of deterioration.

At community forums there was a big interest in aggressive panhandling and concern about dysfunctional people being out on the streets, urinating, etc. In previous administrations, the message came down that the quality of life and nuisance offenses should be de-emphasized. During that period conditions did deteriorate for that reason and others.

It was a joint decision between the Mayor's Office and the Police Department to enforce the quality of life and nuisance ordinances. The first area of concentration was market Street, then Polk Street to the Marina. The focus was on sleeping in parks at prohibited times, urinating and drinking in public, using drugs, trafficking in drugs. It was never seen as an attempt to assault the homeless or drive them out of San Francisco, but to stop criminal behavior. Enforcement is based on the priority of the calls coming in.

Officers were given discretion. Officers were encouraged to abate the offense if they could by referral or transportation to the McMillan Center or a multi-purpose center. But enforcement was the priority in the type of crime that could not be abated, like urinating in public and public intoxication.

We realized we would be dealing with the homeless under this program and that 70% or higher have substance abuse problems or mental illness. We've advocated more proactive services thru DSS and DMS. We've advocated outreach in greater numbers to get to these people to prevent them from becoming a subject of law enforcement. DMS made themselves available on certain days for certain times of the week, and were able to do assessments for 5150's, or provide referrals or other help.

As far as enforcement goes, after the first week, we started getting calls from the rest of the City for a similar focus. We've given target areas supplemental resources. We are trying to go citywide with the emphasis on quality of life and nuisance ordinances. In the first two months there have been 2,700 enforcement actions, including 300 felonies (narcotics, etc.) and 1200 public inebriates. We have been criticized by advocacy groups for arresting people sleeping in parks - for criminalizing homelessness. We have targeted areas where there are significant problems: Civic Center, Portsmouth Square, Union Square, parts of Golden Gate Park and the Panhandle.

Dr. Cooper asked how Matrix has impacted on the mentally ill. Cmdr. Martel replied that the Police Department has given officers a tremendous amount of referral

information which they can pass out, or they can call for the police psychiatric team or the DMS Outreach Team.

Jim Tate made the following points: I've been part of Matrix since October 5th. My observation from doing a needs assessment of lesbian and gay homeless people for several years is that although people have talked about 30-60% of the homeless being mentally ill, it seems to me that only a very small percentage of people who are homeless are mentally ill. I'd say about 10%, and about 90% are having substance abuse problems.

Dr. Cooper said that to be able to make a diagnosis of mental illness where substance abuse is also present is a very difficult thing to do on the street. Rosemary Martinez made the following points: I have been the Police Liaison for 3-1/2 years and the Program Director for the Citywide Outreach Team for two years. We are able to respond outside clinics anywhere in the city. We ar available to calls for service anywhere in the system. We work together with the Police Psychiatric Unit. We have the back up of the Police Department in any dangerous situation, when someone is dangerous to themselves or to others.

We started with the Matrix Program in October. We have had 124 contacts. We provided information on mental health services to 24 people, provided transportation for 7 people to shelters or health clinics or detox centers, and did 28 5150's for people who were severely disturbed - mostly people dangerous to themselves or to others or severely disabled. My staff is also having to do much more case managing of registered clients, because of the change in the system.

Dr. Cohen asked Ms. Martinez to address the linkage between outreach and the clusters. Ms. Martinez replied with the following points: We take people to the crisis clinic if they agree to go voluntarily. In terms of 5150's, 90% have been held longer than 72 hours, and then are referred out the the clusters. Progress Foundation wants to make liaison shift in order to give flexibility in taking people appropriate to their services and to facilitate other types of services.

We don't have a substance abuse person on the Team and we need that. People ask where we'll be the next day and have come back to us. There should be a case manager at the Mission Hotel - many people need and want mental health services, but need to be hand-walked through the system. I have taken someone to the health clinic who would have been tossed out by the security guards if I had not been there to walk them through. Mr. Tate made the following points: We have looked at the resistance of people to services. We have to take a look at revising services for homeless people which aren't working. We are out there making relationships.

Luz-Mary Harris said that DMS is trying to link services and integrate services between primary care and mental health. In terms of clusters, Cluster II has a specialty in

working with the homeless population. Mr. Tate said that perhaps people are assuming the homeless will come to the cluster, but they won't do that.

Ms. Spanglet said that in the Consumer Task Force meeting Mr. Tate mentioned that using police in plain clothes is less intimidating than using officers in uniforms. Mr. Tate said he was not sure about that, that there are often times when the uniform has a calming effect on people, and that it was not his experience that a uniformed officer is intimidating.

Ms. Spanglet said that another suggestion from the CTF was adding a formerly homeless consumer to the team, someone who could relate to the homeless people being contacted. Mr. Tate said that Outreach has an excellent relationship with the Police Department, and that officers will move out of sight when necessary, and that the only problem on the team is Dept. of Public Works which comes in and takes peoples shoes.

Mr. Samples said he had a concern from the patients rights perspective about holding people over 72 hours. Mr. Tate made the following points: I've written all but 2 of the 5150's. We are dealing with severely-disabled people. The fact that they have been put on 14-day hold shows that we are right on target. Unfortunately the system is not equipped to deal with this population, and so they will be back on the street and we will see them again.

Dr. Cooper addressed Ms. Jacobs and made the following points: These are very miniscule attempts to deal with a large, very disabled population. The quality of life in the city has deteriorated, but it is connected with significant cuts in programs which provide services to serverely-ill people. So what if detox is done in a treatment center or in jail - when the people will be put back out on the streets in a very short period of time. Services have been cut to the bone in the ability to provide treatment, support and housing. We want to bring up this connection in a year when we're facing another round of cuts.

Ms. Jacobs responded by saying: "Do you have any idea that the cuts have been capricious?" Dr. Cooper said she didn't think the money was there, but that creative leadership is needed. Ms. Jacobs said, "Do you realize we are spending $100 million?" Dr. Cooper said, "I don't see the Matrix Program as more than a bandaid.
Ms. Jacobs said, "No one is arguing with any part of the the view being put forward. But this is the pie and were are trying to maximize the use of the dollars."

Dr. Cohen said that the Matrix approach was conceptually unsound, because it does not deal with long-term planning. She added that there are models for dealing with long-term planning. Ms. Jacobs replied, "Are you saying that none of those models are in this $46 million? Do you understand that there is no new money?" Darwin Dias added that it would help to legalize street drugs, and to take over slumlord hotels by eminent domain.

Dr. Balls Organista said that a lot of attention was focused on how the program is conceptualized, but the key question is how is it evaluated. Ms. Jacobs responded that the Mayor's Office is looking for a reduction in crime and a reduction in the number of people on the streets. Dr. Balls Organista asked what assurance is there that the program is working. Dr. Cooper said that outcome measures were needed to see if this program is really making a dent in long-term acuity. Dr. Balls Organista said she didn't hear anyone presenting information that made her feel comfortable about the program, and asked again how the evaluation of outcomes would be done.

Mr. Samples noted that leadership is needed, and said that means getting out and saying what is true, whether it is popular or not. Ms. Jacobs said she didn't disagree with what was being said, but that the sentiment of the voters is key. She said she didn't think that at this time the average citizen was listening to this. She said she thought there was a small percentage of street people, who may or may not be homeless, who have turned people off. She said she had been stunned by the intensity of the letters received by the Mayor's Office. She said that the MHB could demand an evaluation. She added that other groups are applauding Matrix and want it in their neighborhoods.

Nancy Messersmith noted that no one had said anything about parents out on the street with children, and that there should be a number for parents with children to call. She said it's impossible to live off AFDC. She said the kids are starting to break down emotionally and the parents already have broken down.

Ms. Spanglet said that people are fed up. She said she doesn't mind paying taxes or higher taxes if she sees improvement, but the system seems to be asking for more taxes, yet things get worse.

Ms. Jacobs made the following points in closing: 1) The MHB is perfectly positioned to urge an evaluation component be built into the Matrix Program. 2) Any talk of public safety has to include mental health and substance abuse services. Dr. Cooper said that the MHB was glad to work with her and hoped she would be a voice for the Board with the Mayor, that the enforcement strategy of dealing with homelessness comes as a result of years of neglect of services.

Everett Brandon said he was concerned about the politicization of the system across the boards. He said that when severely mentally-ill people are brought back from Napa and force others out of the system, he's not sure the system understands what it's doing. He said it seems headed for more chaos. Ms. Jacobs said she thought that could be addressed in an evaluation., and that then the evaluation could become a tool, for example: We've responded to citizens, but here are the causes of the need for the Matrix Program, and they are not being addressed.

Michael Wise said he lives in a Board & Care home in the Haight Ashbury. He asked how the Matrix could be called effective or not. He said money could be found for the Matrix, but Park Police Station was almost closed, and that the police don't have time for serious crimes. Ms. Jacobs said he was right, that it's the political will, it's what the taxpayers want that puts a priority on what is going to be attended to.

Lois Jones brought up the case of a child with mental disabilities who was kicked out of a shelter, and then tried to kill herself. She said that when you see children who are 5,6,7-years old trying to kill themselves, that's frightening.

Maria Leib said that she had attended the hearing by Senator Milton Marks and heard that mentally-ill homeless people are afraid to go to shelters, because they are so vulnerable there. She said testimony at the hearing indicated that a high percentage of the homeless are mentally ill. She asked again about the process of collecting, analyzing, and evaluating data on the Matrix Program. She asked if Matrix were not really a way to sweep the streets.

Cmdr. Martel replied that the Police Department feels it has reduced the crime rates and has displaced the problems. Replying to a general response from the audience he said, "That's what we do, we displace the problems. But we don't know where they've gone."

V. PUBLIC COMMENT

Amelia Morgan made the following points: I'm concerned that I haven't heard dual diagnosis mentioned. The reality is that 50-55% of people with mental illness also have substance abuse problems. Maybe they are medicating themselves. There are only 18 beds for people with dual diagnosis. We need to redirect money to take care of the whole person.

Kevin McLaren, member of the Executive Committee of the Provider Task Force requested a liaison from the MHB to the PTF, and gave a brief update on the status of the PTF. **MSP to approve both PTF recommendations included in the Board Packet, regarding: 1) adding more line staff and non civil-service staff to the Quality Improvement Committee and 2) requesting additional information from Jeff Jue on the Cultural Competence Section of the DMS Action Plan for 94-95.**

Additional committee reports were deferred to the next meeting.

Rich Samples announced the upcoming Action Plan Hearings.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:35 p.m.

City and County of San Francisco

Department of Public Health
Division of Mental Health and
Substance Abuse Services
1380 Howard Street
San Francisco, CA 94103
(415) 255-3400

November 9, 1993

To: Robin Cooper, M.D.

From: Jeffrey Jue, LCSW

RE: DMS Deputy Director's Report for November 10 MHB Meeting

I regret that I cannot attend the November 10 meeting due to a scheduling conflict. I am currently a member of the Medi-Cal Managed Care Local Initiative Planning Steering Committee. This is a short-term time limited committee with a heavy workload. I have asked Dr. Luz Mary Harris to represent me at the November 10 MHB meeting and I am providing this report in my absence.

1. CLUSTER IMPLEMENTATION UPDATE

I have attached a report prepared for the Health Commission which was presented at their November 2, 1993 meeting. Although, the report is brief, the oral presentation did go into more detail regarding many of the issues that the MHB heard at its September meeting. Overall, the Health Commission was very supportive of the goals and objectives of the reforms and very sensitive to the issues outlined in the implementation. Attached to the Health Commission report is a follow-up study on the hundred plus clients that were placed out of Napa State Hospital during the last fiscal year. This should be of interest to Board members.

2. RESIDENTIAL TREATMENT /IMD ISSUE

The Division recently learned that there is an emerging State opinion that our residential treatment facilities with more than 16 beds could be interpreted as being an **"IMD"** from the point of view of the Department of Health Services and Health Care Financing Administration. San Francisco has four facilities which exceeded the 16 bed limit. The IMD application to these facilities would have severe fiscal and programmatic consequences for San Francisco's residential treatment system. Dr. Carmen Carrillo is the Division's lead person on this issue. Attached is the letter she prepared which was sent to Steve Mayberg, Ph.D., State Director of Mental Health. We've had considerable discussions with local providers and state officials and hope that we can have a positive influence on this issue. We will keep the Board appraised of developments on this issue.

3. SAN DIEGO LAWSUIT

We've just received notice that the Appellate Court has ruled in favor of San Francisco's position that the state allocations of funding and state hospital beds did not violate constitutional protections. This decision removes a signifiant threat over potential loss of resources to the citizens of San Francisco. It is unknown at this point whether San Diego will appeal to the Supreme Court.

4. PUBLIC HEALTH DIRECTOR RECRUITMENT

The recruitment process has narrowed the finalists down to a list of ten. The Health Commission is going through the interview process. It is hoped that the final selection could be accomplished by December.

5. PERSONNEL MATTERS

I am sorry to announce that Larry Cruz, Assistant Director for Cluster II and the Coordinator for Homeless Services has had to take an indefinite medical leave. This is a significant loss to our Division not only because of Larry's knowledge, ability, and skills but because of his compassion and dedication to working for homeless persons. We are pleased to annouce that Jo Ruffin has just returned from her leave. She's been out for the last four months. We are very happy to welcome her back.

6. MANAGED CARE

The Division's Mental Health Substance Abuse Managed Care Steering Committee has been formally constituted. They met as an Ad Hoc Group for the last two months, and it's now formalized as a planning committee. We are in the process of developing a subcommittee structure for the planning and implementation of Managed Care. The Committee meets on a bi-weekly basis on Thursday mornings from 9:30 a.m to 11:00 a.m. Because of the flurry of activities, this particular meeting ran into conflict with a variety of other events., The Chair, Nancy Presson, is still struggling to negotiate with the other conflicting events to stabilize the meeting time and date. The formalization of this Committee creates, what is probably the fourth tier of Managed Care planning activities we are involved in.

7. 1993-94 BUDGET

The Mayor's instructions are expected to be delivered this week. There is little in the way of optimistic news. It will be another deficit year with targets in all departments. There are no specific dollar targets at this particular point in time.

8. AB 2244 (POLANCO)

The bill to codify state civil rights laws to conform to Federal Fair Housing Law was signed by the governor. The legislative summary is attached for your information. It reinforces the unlawfulness of discriminating land use practices and similar acts against protected populations.

SAN FRANCISCO MENTAL HEALTH BOARD

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You are invited to participate in a hearing on the Action Plan which is being prepared for Fiscal Year 94/95 by the Division of Mental Health and Substance Abuse Services (DMS).

Why is this important?
The Action Plan is the key planning document by which DMS operates. This is a chance to have input into how mental health services will develop and progress during 1994-95.

Who may speak?
Anyone who is a citizen of San Francisco or who otherwise has an interest in the mental health services in San Francisco.

Who will I be speaking to?
These hearings are being held by the Mental Health Board, which is the advisory board on mental health issues, made up of citizens of San Francisco appointed by the Board of Supervisors.

When will I have an opportunity to speak?
There are 3 hearings coming up on mental health services specifically:

1. **Wednesday, November 17, 1993, from 1 p.m. to 3 p.m.**
   Chinatown/North Beach Community Care
   615 Grant Street, 4th Floor (at California Street)
   Cantonese translation will be available.

2. **Thursday, November 18, 1993, from 2 p.m. to 4 p.m.**
   Bayview Clubhouse
   259 Hyde Street (at Eddy Street)

3. **Monday, November 22, 1993, from 3 p.m. to 5 p.m.**
   Sunset Mental Health Center
   1990 41st Avenue (between Ortega and Pacheco)

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MEETING OF THE FULL BOARD
Wednesday, December 8, 1993, **7:00 - 9:00 p.m.**
1380 Howard Street, 4th Floor Conference Room

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. REPORT OF THE DEPUTY DIRECTOR - to include:
Mid-Year Budget update (93-94)
94-95 Budget - what to expect in June

IV. DISCUSSION on MENTAL HEALTH BUDGET
A representative of the Health Commission and Jerry Windley (Aide to Supervisor Alioto) have been asked to come and fill us in on the process - How can we work with the Commission, and how can we be effective while working within the established political process?

V. COMMITTEE REPORTS
1) MHB Committees & Subcommittees
Issues/Public Interface
Cluster Oversight
Executive Committee
Planning & Policy - ACTION - Report and Recommendations on 1994-95 Action Plan - See Attachment A
Children's Committee
Consumer Task Force - ACTION - See Attachment B
Provider Task Force
2) Other Committees
SFGH Community Advisory Board
DMS Committees - reports from MHB Representatives

VI. PUBLIC COMMENT

VII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

UNADOPTED MINUTES

Wednesday, December 8, 1993, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Robin Cooper, M.D. (Chair); Jerry Windley for Supervisor Angela Alioto; Pamela Balls Organista, Ph.D.; Norma Block; Everett Brandon; Janice Cohen, M.D.; Darwin Dias; David Fischer; Lois A. Jones; Maria Leib; Melvin Miles; Lucille Ramstetter, R.N., M.S.N.; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Paula Wilson.

BOARD MEMBERS NOT PRESENT: Nancy Messersmith; Rich Samples.

ALSO PRESENT: Margel Kaufman (Health Commission); Glenda Jeong (Keystone Vocational Services; Provider Task Force); Michael Wise (Consumer, Board & Care Home Resident) Kevin McLaren (Thunderseed Day Treatment; Provider Task Force); Sheila Hembury (Mental Health Association); Alicia Wilson (Mental Health Association); Steve Leoni (Consumer/Family Member Task Force); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Chair Robin Cooper at 7:05 p.m. **MSP to approve the minutes of the meeting of November 10, 1993, as submitted.**

II. REPORT OF THE CHAIR

Dr. Cooper made the following points: I've been regularly attending the meetings on managed care. Mental Health is not included in the overall general health care plan, but will be considered as a separate unit. The State did a teleconference on December 6th on managed care. It was an incredibly good meeting. I will be glad to share materials with you. A timeline has been put together that sets up the merger of Medi-Cal and Short-Doyle and fee for service. Eventually there will be a capitation model. Counties will have first right of refusal to take on managed care. The City and County of San Francisco is headed in that direction. But taking on this role does mean that the County will assume the risk of responsibility for the whole population covered.

The Quality Improvement Committee has been restructured and is meeting once a month. Mr. Jue noted that this is a new governance structure, just in the formative stages.

Dr. Cooper announced that the Nominating Committee is: Janice Cohen, Darwin Dias, and Maria Leib. They will prepare nominations for Chair, Vice Chair, and Secretary by January, and the election will be held at the February Board meeting. Nominations from the floor will also be accepted.

Dr. Cooper called attention to the resolution on the Matrix Program in the Board Packet and made the following points: I took the liberty to draft and present this myself, because of the time crunch. Supervisor Kevin Shelley, Chair of the Health, Public Safety, and Environment Committee, has called a hearing on the Matrix Program for next Tuesday morning. Janice Cohen will represent the Board at that hearing. Anyone else who would like to attend is welcome.

Jerry Windley made the following points: Supervisor Angela Alioto has taken the lead in opposing the Matrix Program for many of the reasons stated in the resolution. We are getting calls from neighborhoods about the steady increase in homeless and asking why something isn't being done. The Mayor has targeted areas where he has a strong base of support. People are being displaced to other areas of the City.

Supervisor Alioto is urging the Mayor, after two years in office, to come up with a homeless plan - and to stop criminalizing the homeless. On her behalf, I want to say this resolution is a great statement for the MHB to make.

Dr. Cohen noted that the Coalition in working on an alternative plan and Mr. Windley added that Supervisor Alioto is going to put forth an alternative plan in January.

MSP to adopt the statement entitled "MHB Statement on the Mayor's Matrix Plan" as the policy of the Board and to present it to the Health, Public Safety, and Environment Committee, on Tuesday, December 14, 1993.

III. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue made the following points: Getting into managed care is, as Dr. Cooper said, overwhelming. We'll have to keep working away at it. Monique Zmuda's father died, so she has gone back to New York for a week. She has been reassigned part-time as Budget Coordinator for DPH to replace Susan Ehrlich, in addition to her duties for DMS.

I've read the minutes and recommendations of the Action Plan Hearings and have circulated them. We will take them to heart and feel they will be very useful.

We have completed a follow-up study of 115 Napa clients. Blanche Korfmacher was able to find 100% of the sample. A total of 4-5 ended up back in acute care and back in the state hospital. But the great majority are still in a lower level of care. A total of 10-15% are in independent living situations. Ten percent were discharged on Clozaril. There are no tragic stories in that population. We have a working knowledge of where they are.

There has been information in the press with regard to California Pacific Medical Center (CPMC) making layoffs and possibly cutting back programs we contract with. Every organization is going through strategic planning. We're having regular meetings with Judith Stevenson, Director of Community Programs for CPMC. She assures us that if there is a shift in the CPMC Mission, there will be a 6-18 month transition period, and CPMC would work with us to make it a smooth transition.

There has been a lot of concern among case managers about the scandal in the Public Conservator's office. Auditors have reviewed every check since 1987, and have found that the scandal is limited to 15 cases, which involve people who are deceased, in jail, or who have run away from L-facilities. So we have no major concern about the scandal affecting our clients.

The City Budget for the first 6 months of this fiscal year was passed last week. The supplemental budget covering the next 6 months involves a $2.9 million cut to DPH. The DMS share of this cut is being taken care of through strategies which won't affect programs directly, but will still have an indirect impact: There has been an unexpected increase in revenues. Vacant positions are not being filled. So while nothing additional is being cut, our services are still being eroded.

We've received the 94/95 general budget guidelines, but no target number for the budget. A DPH weekend retreat was held. We feel confident we have a strategic plan and business plan that serves as an alternative to the hacking approach. We've been meeting on it almost daily. This is a continuation of the DPH proposal under Dr. Baxter to restructure the relationship of DPH to the City - the Enterprise Model - so DPH would not be micromanaged by the City. We want to develop a competitive system. All our savings now are scooped up by the City and so there is no money for incentive programs. Replacing necessary equipment like typewriters and computers is extremely difficult, involving multiple layers of approvals. The purpose is to develop a lean, mean healthcare system instead of an eroding healthcare bureaucracy.

With regard to the new L-facility at SFGH, we're just in the process of completing input for program proposals and priorities. The Children's piece is set up. The adult piece is being pulled together under the guidance of Jo Ruffin. This is going to be a $10-12 million operation and will involve major policy decisions.

Westside Crisis Clinic has had a delay in its relocation.

In response to the input from the community forums on the Action Plan, I've asked Carmen Carillo to develop a full-range strategic plan on having vocational services in the clusters. We will have a policy set soon for a system-wide vocational services plan.

IV. DISCUSSION ON THE MENTAL HEALTH BUDGET

Dr. Cooper announced that the Nominating Committee is: Janice Cohen, Darwin Dias, and Maria Leib. They will prepare nominations for Chair, Vice Chair, and Secretary by January, and the election will be held at the February Board meeting. Nominations from the floor will also be accepted.

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IV. DISCUSSION ON THE MENTAL HEALTH BUDGET

Margel Kaufman, Chair of the Joint Committee on Mental Health for the Health Commission, was introduced and made the following points in her presentation on the budget process:

The Health Commission is 9 years old. It came about as a result of a disastrous evaluation of SFGH which almost closed it. Nancy Walker wrote legislation for the Commission to oversee DPH. There are 3 consumer members on the Commission, of which I am one, and also 4 health practitioners on the Commission. Commissioners are appointed by the Mayor and the terms are for four years. This is one of the few commissions where you cannot be removed by the Mayor. I was appointed by Mayor Art Agnos. I always say, people got on the Health Commission politically, so use them politically.

Keith Marton and myself are on the Joint Conference Committee on Mental Health and Substance Abuse. There are 4 joint committees and one budget committee. Committees are appointed by the President of the Health Commission, and members serve generally for the period of a year. My father spent ten years in a state mental hospital, where he died of organic brain disorder.

The budget process is a terribly brutal process, long and hard and not pretty. I don't remember a single budget process that was easy - even when the money was there. The big problem for Mental Health is that the major share of the budget is general fund money. When you look at DPH, MH draws down general fund dollars more than any other part of the Department. The first response to the budget crunch is to say cut the programs using general fund money, but that would mean no more mental health services. So negotiation goes on with other departments.

Ray Baxter put together a budget committee with all the key players, so people could share information and solutions. Getting people involved in trying to solve the problem is much better than just springing cuts on them.

Recently the Mayor came to talk with us to say he is a strong supporter of Health and didn't know how he got such a bad reputation. I think he was stung by the reaction to his Health cuts. I think he didn't expect that. He has not provided target numbers for the budget yet. I think he is trying to get a better idea of what's happening at the state level first. Usually they just figure the city budget, and then hear from the State and have to go through it all over again. The State is in even worse shape than the City. The deadline for the DPH budget is February 15, 1994, but that might be impossible to meet if there are no numbers available until after January 15th.

From the Mayor, the budget then goes to the Board of Supervisors. Around February, you really need to be organized to talk about the things you're concerned about. The way the budget process usually goes is: You make all these cuts, you make people's lives terrible, you make patients hysterical, and then you start to magically find money

and it's like the boy who cried, "Wolf!" Some year the money might not be found to restore programs. I thought last year was the year, but this year could be.

The Mayor is not getting all the Department Heads together. The Police and Sheriff's Departments seem to have an in, and they are very well organized. I think we have to be way more on top of it and more aggressive. And especially for mental health, because those clients are least able to speak on their own behalf.

Dr. Cooper asked if it was important for the MHB to come to the Health Commission to testify. Commissioner Kaufman replied with the following points: Yes, we can do better talking to the Mayor if you are speaking out. And the Mayor's aides are at the Health Commission meetings and hear your testimony, too. The squeaky wheel generally gets heard, especially if you are not one of the favored children. The Mayor does not perceive himself as anti-health.

David Fischer asked what kind of competition there is between departments. Commissioner Kaufman said that her sense is that it's law enforcement vs. everyone else.

Jerry Windley, aide to Angela Alioto, President of the Board of Supervisors, was then introduced and made the following points: Before working with Angela Alioto, I worked with the Coalition for Public Health and was on the budget committee. It is important and effective to start organizing now, and to lobby the Health Commission, Flo Stroud, and the Mayor's Office. I'm surprised to hear that Mayor Jordan is stunned by the criticism he's gotten with regard to health cuts. When I hear policy statements coming from the Mayor's Office that SFGH is a luxury and that we have Cadillac services, then it seems to me the Mayor is out of touch. The Coalition for Public Health is a very important group that has held great rallies.

Phyllis Spanglet said that the comment had come to her that restorations happened to the Health Department because of the sheer amount of noise made by people protesting the cuts. Both Commissioner Kaufman and Mr. Windley agreed.

Mr. Windley continued with the following points: After the budget leaves the Mayor's Office, it goes to the Board of Supervisors. Last year Angela Alioto changed the Finance Committee to the Budget Committee, with the sole charge of dealing with the budget.

The Mayor's plan comes to the Budget Committee. This year there is a new option. The Board and its committees can now meet in other places in the city besides City Hall. There is discussion of having the meetings of the Budget Committee in different places around town and at times when common, every-day people can attend. Hopefully this year we will see new faces at the hearing, and we'll see who the victims of the cuts really are.

Mr. Fischer asked if public testimony really makes a difference, or if the Supervisors walk into the hearing room with their minds made up.

Mr. Windley said that in the past it has made a minor difference, but that this year 4 Supervisors are up for re-election. He said the T word - taxation - makes them want to run for cover.

Ms. Spanglet noted that she had gone to 4 of the Mayor's community meetings last year and was the only one in all of those meetings to speak out on behalf of public health. Dr. Cooper said that that is the MHB's job, to take care of those kinds of meeting, to make sure people are there to speak out.

Mr. Windley continued with the following points: The Board of Supervisors cannot add into the budget, they can only cut and move. The City Charter is very limiting of the power of the Board. The Board has no authority over any Department. Dr. Cooper asked if the Board could raise revenues and enhance the budget. Mr. Windley said, "Yes." Dr. Cooper said that this budget issue can't be addressed without a funding source. Mr. Windley said that maybe when hearings take place out in the community, Supervisors might hear something different about revenue and taxation.

Mary Sue Planck asked if the Board could cut one of the Mayor's favorite programs as a negotiating tactic. Mr. Windley said that can be done, but the problem is that this year crime is a major issue and law enforcement is going to be more sacrosanct than ever.

Mr. Fischer asked if it would help to talk about mental health as a public safety issue. Mr. Windley said that that would be a very good approach this year. He said that it is very important that the Board be able to put a face on mental health services, that they see who these people are who are being served. He suggested taking clients to the meetings with the Supervisors.

Commissioner Kaufman said the most effective person at the hearings last year was the young woman who testified on behalf of the rape crisis program and convinced the Health Commission and the Supervisors. Mr. Windley said not one Supervisor voted against the Rape Crisis Program.

With regard to meetings with Supervisors and Health Commissioners, Ms. Spanglet said that it is not only important to bring consumers who are being served, but also those who are not being served, who no longer fit in the target population - so they can also see the devastation. Mr. Windley agreed and said he had seen Supervisor Alioto moved by someone just out on the street more than sitting in a meeting with experts.

Ms. Spanglet asked if it were possible that the Board of Supervisors might come up with its own budget. Mr. Windley said that Harry Britt brought up this idea. The Board has never been ready for the budget. Instead of being proactive, it's reactive. Ms. Spanglet asked if it was kosher in meeting with Supervisors to encourage them to prepare an

alternative budget. Mr. Windley said it would be good to encourage them to be more proactive.

Commissioner Kaufman said the Mayor has been notoriously late in budget preparation. Ms. Planck noted that that squeeze really cuts out opportunity for public input. Mr. Windley said the Mayor also bases his budget on revenue that has not been certified by the Controller's Office yet. Janice Cohen said she thought there should be clear guidelines on the budget schedule, that the 11th-hour process could be a strategy to make it difficult for the public to respond. She added that it is important to have the budget presented the departments and to the public in a way that's decipherable and people can make sense out of, and that it be consistent throughout the process. She said there are a lot of areas of the budget process that should be made accountable apart from the substance of it. She said that it's hard to be proactive when you don't have a reasonable time line and accountability.

Everett Brandon said he felt there needed to be more proactive work with the press. Mr. Windley said that it's good to focus on the smaller papers. He said it's good to get a message out in the big papers, but that it's equally important to get it out in smaller papers because a lot of people read these.

Mr. Fischer said that in the Issues Committee, members had been discussing the fact that this year is unique in that healthcare will be the #1 issue, which provides a great opportunity. He added that talk shows are now the voice of the public and that it's important to get on these shows or call in to them.

Dr. Cooper asked what latitude the Health Commission has. Commissioner Kaufman said that if the Commission does not like the Department's budget, they can send it back, and the Commission can make suggestions. But she added that there is a line between policy making and micro-managing.

Dr. Cooper asked if the Commission is a voice to the Mayor. Commissioner Kaufman said that was true, especially in the case of Arthur Jackson.

Dr. Cohen asked what percentage of the budget is covered by general fund dollars. Mr. Jue replied that it was $115 million out of $640 million. Commissioner Kaufman said the percentage had shrunk a whole lot. She said SFGH and Laguna Honda tend to be good revenue generators. However, she added that SFGH is down about 75 people a day and that this is a serious revenue problem.

Mr. Brandon said that there had been some positive developments that have come out of the budget cuts and that he didn't want them to be overlooked. Dr. Cooper said that she hoped we could continue to shake up the system without cutting people out of it.

V. COMMITTEE REPORTS

In introducing the committee reports, Dr. Cooper said she wanted to have a full Board meeting with much more substantial attention to the work of the committees.

Mr. Fischer, Co-Chair of the Issues and Public Interface Committee said the Committee is focusing on setting up meetings with members of the Board of Supervisors and the Health Commission, and wanted to ask all MHB members to join in this by contacting the Supervisor who appointed them to start building an ongoing relationship with them. He said that cooperation, not confrontation was the focus. He said good first questions to ask are: How can we help you? And how can can you help us during this difficult budget time? He emphasized the importance of sending thank you letters when the media runs a good article or editorial. He said that public health will be a major national topic of debate, but that the Committee had decided that its role should be to localize it, not expend MHB resources on the Clinton health plan.

Mr. Fischer said he had set up a meeting with Supervisor Tom Hsieh and would be taking 4 family members with him, who were all contributors to the Mayor's campaign. He said these people are very concerned about what will happen to their children in the next year.

Dr. Cooper asked if the Committee could write up a uniform message and some guidelines for the meetings with Supervisors and Health Commissioners.

Dr. Cohen, Chair of the Cluster Oversight Committee, said the Committee had held one meeting and started by bringing themselves up to date on the new system. She said they were trying to identify complimentary and overlapping efforts of the MHB and other organizations, to try to get everyone working in an unduplicated way. She said they were working on sources of information and the best way to get information. She said Paula Wilson was working on going out with the Matrix Team to see it in action so the Committee could do a better evaluation of it.

Ms. Planck made a brief report about the Action Plan Report which was included in Attachment A in the Board Packet. Lucille Ramstetter said that it was one of the most incisive documents she'd received in a long time. After brief discussion a vote was taken.

MSP to approve the MHB Action Plan Report on the DMS Draft Action Plan for 94-95.

Lois Jones, Chair of the Children's Committee, said the Committee had decided what programs to invite to do presentations at Committee meetings through next May. She then discussed a case of a child which she had requested be investigated by DMS, and said that she was frustrated that the investigation had not yet taken place. She also said she felt that more needed to be done with regard to African American males in the system. Mr. Jue responded that DMS is committed to making the investigation and that

he didn't have a disagreement with Ms. Jones. Dr. Cooper asked Ms. Jones to develop some particular strategies around the issues she was raising to bring to the MHB as action items.

MSP to approve the 5 policies and principles in Attachment B in the Board Packet on multi-diagnosis client management.

MSP to approve the following letters from the Consumer/Family Member Task Force in Attachment B in the Board packet: 1) to Judith Stevenson & Howard Fleishman thanking them for hiring a consumer to work at Northeast Lodge; 2) to Jeff Jue regarding the Action Plan; and 3) to Bill McConnell regarding the Action Plan.

Dr. Cooper proposed to send the letter from the CTF on the Matrix Program to the Executive Committee for approval, and there was general agreement to this.

Glenda Jeong, a member of the Executive Committee of the Provider Task Force, made the following points in her report: The PTF is looking forward to getting a liaison from the MHB. Someone from the PTF will be working with the Cluster Oversight Committee. A number of new members have recently been brought onto the PTF and their first meeting was the past Monday. A major focus of the PTF is to develop a greater linkage from the program level to the policy level. The PTF is focusing on finding what solutions they could come up with at the program level that they could then share with the policy level. Providers are very willing to help the Issues and Public Interface Committee find people to accompany MHB members to their meetings with Supervisors and Health Commissioners.

Everett Brandon gave a brief report on the Long-Term Care Committee and their recent meeting. He reviewed the handout included in the Board packet.

VI. PUBLIC COMMENT

There was no public comment.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:20 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD
Wednesday, January 12, 1994
1380 Howard, 4th Floor Conference Room
7:00 p.m.

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. REPORT OF THE DEPUTY DIRECTOR

IV. FOCUS ON COMMITTEE WORK *

A. MHB Standing Committees (15 minutes each)
   1. Executive Committee - Attachment A
   2. Issues/Public Interface - Attachment H
   3. Cluster Oversight - Attachment E
   4. Program Assessment - Attachment F
   5. Planning & Policy - Attachment B
   6. Children's - Attachment G

B. Subcommittees and Ad Hoc Committees (15 minutes each)
   1. Consumer/Family Member Task Force - Att. C
   2. Provider Task Force - Atachment D
   3. Nominating Committee - Attachment I (5 minutes)

C. DMS Committees - Reports from MHB Representatives

D. Other Groups
   •SFGH CAB

V. ADJOURNMENT

* **This will be the opportunity to hear about the real work of the Board. With no "outside" presentation, there will be time to have full reports from our committees. Many of the committees are new, or newly constituted, and are beginning to tackle some of the major issues involved with system change, political realities and the upcoming budget.**

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DEPT. OF PUBLIC HEALTH

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BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Everett Brandon; Paula Wilson.

ALSO PRESENT: Jeff Jue (DMS); Peter Tira (S.F. Independent); John Brauer (PTF; California Pacific Medical Center); Rebecca Suzanne (CPC Belmont Hills Hospital); Kevin McLaren (PTF; Thunderseed Day Treatment); Ralph Jacobson (Community Advisory Board-SFGH); Irene Kudarauskas (Mental Health Association of S.F.); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Rich Samples, Vice Chair, at 7:00 p.m. **MSP to approve the minutes of the meeting of December 8, 1993, as submitted.** Mr. Samples announced that Jerry Windley, Everett Brandon, and Paula Wilson are on leave. He announced that Lucille Ramstetter's term would be ending on January 31, 1994, and thanked her for her service and her contributions to the work of the Board.

Ms. Ramstetter asked that the MHB get someone from the Sunset/Richmond area to sit on the Board. Mr. Samples noted that Ms. Ramstetter had been serving as the Elder Advocate on the Board, and added that the Board also needs to get someone from the Asian Community to be a member.

Mr. Samples said that Phyllis Spanglet and Darwin Dias have terms that end on January 31, 1994, and that they are both eligible for re-appointment. He said it would be a shame to lose them. He noted that letters with regard to these appointments can be sent to the Rules Committee: Supervisors Migden, Maher, and Leal.

II. REPORT OF THE CHAIR

Combined with report of the Executive Committee below.

III. REPORT OF THE DEPUTY DIRECTOR

Jeff Jue made the following points: I just came back from a reception for Sandra Hernandez who was sworn in following a corrosive decaying process that put a lot of people through a wringer unnecessarily.

It didn't matter who you wanted to see get the appointment, the process was demeaning and destructive. Flo is going to take a couple of weeks off. Sandra is very much aware of the problems this process has caused. She's made it clear that she wants to reach out to everyone and get things moving again.

The state budget is another declining, downsizing type of budget. It does make a commitment to prevention, but the commitment is a small amount of money covering a few programs such as: Headstart, early intervention mental health programs in the schools, teenage pregnancy prevention, tuberculous control, etc.

Education is being funded at the same level as last year, so they are taking a 5-8% reduction because of COLA's.

Realignment 1 gets repealed, including the categorical protections for mental health services. Realignment 2 adds $1.1 billion to the fund, but transfers to the counties a series of services including mental health and substance abuse services. The transfers are being made under the principal of local control. There is a possible opportunity here, but there is also a serious risk, because we are competing at the trough with all other social services.

What the Governor has released is the first draft of the budget and it'll go through a half a dozen re-writes in the next 6 months.

Dr. Cohen asked if all the built-in protections for mental health were gone. Mr. Jue said that was so, and that it's a betrayal. He added that there could be some opportunities, if agencies begin more collaboration.

Mr. Jue then distributed a summary of managed care which he said was the best he's seen, and he added the following points: There is a local initiative committee on managed care, including physical and mental health, private and public sectors, which has been meeting for 3-4 months. DPH has a managed care steering committee working on the managed care aspect of Medi-Cal. Managed care is probably 6 months down the road.

Ms. Jones asked about Realignment 2. Mr. Jue said it's in the budget bill, and that there is almost a complete transfer of state responsibility for entitlements for children to counties. He added that this a major governance change.

Mr. Jue then distributed a document entitled "A Proposed Framework for San Francisco Department of Public Health Organizational Change," dated December 21, 1993, and

asked that it be referred to the appropriate MHB Committee. Mr. Jue said that he and other DMS staff would be available to provide more background information. He added the following points: We wanted to re-write the rules on the budget and get out of the cut and deficit mentality. We wanted to get ready for competing under managed care. We wanted to get the attention of the Mayor and try to get out of dealing with big cuts overnight. We are trying to put up a different set of strategies to be a more responsive and flexible provider in a managed care environment. This has been presented to the Mayor and he has embraced the concepts, though there are no numbers yet.

Mr. Jue continued with the following points: We are having to refine the Mission Statement for the Dept. of Public Health. Formerly it was do all and be all to everyone. Our ability to do that is not so good in a recession environment. We are asking, "What are the critical or priority functions DPH should be carrying out?" Our intent is to concentrate on: a) basic regulatory functions traditional to public health, b) intensify brokerage functions, and c) provider functions. We will be moving away from providing everything, and will be asking: Do we insure it, provide it, advocate for it?

I don't think the Strategic Plan was helpful in making budget reduction decisions. It was helpful in planning a system of care - do everything for everyone. DPH is now looking at the system as a whole to see what kind of consolidation can be done and what kinds of savings can be made system-wide, first, before targetting individual programs. So far, the results are encouraging.

IV. FOCUS ON COMMITTEE WORK

Dr. Cooper announced the committee reports by saying this was the first chance in many months to get into the committee work in some depth.

Detailed attachments with committee purposes, descriptions, membership, and minutes were included in the Board packet. Highlights of the committee reports follow:

Rich Samples for the Policy & Planning Committee: Traditionally P&P has dealt with the state-required Plan. This planning process has been the MHB's most potent source of power. We have to approve the Plan - not just advise on it - and that process has been helpful in using the Board to shape the direction of the mental health system, and to bring into the process consumers, family members, providers, and the general public.

We've been looking at the Americans with Disabilities Act. We are looking at the SSI modernization project. We are working with federal legislators to get that report, which was developed under the Bush administration, back into the legislative process. We've gotten a favorable response from Nancy Pelosi so far.

Phyllis Spanglet for the Consumer/Family Member Task Force: The CTF was established a couple years ago because we felt a great need to have a system that responded to what consumers felt they needed. Our main goal was to see to it that

services provided by the system are what the consumers need and want. We have accomplished a great deal in that regard. We have gone out and had meetings with consumers, and I think a lot was learned by the system. This lead me to insist on taking the Action Plan hearings out to the community, and it seemed to work well, and I hope we can continue it in the future. The CTF has been very involved in the budget process, including testifying at hearings. We are getting prepared for the next battle.

Kevin McLaren and John Brauer for the Provider Task Force: There are three members of the Executive Committee. We have refocused the PTF from being reactive to the budget to being proactive. We want to look at what is not working in the system, and that's how we feel we can be helpful to the MHB. There are 15-18 members now, with a mix of people from civil service, and non civil service; it is a culturally diverse group. There are now 3 subcommittees: 1) outcomes - what consumers are wanting, how we provide that, and how we measure what we provide, 2) paper work - is it consistent across clusters, and 3) research - in coordination with the MHB Cluster Oversight Committee, we want to find out how the system is working. Finally, we would like to have a liaison from the MHB attend our meetings and work with us.

Janice Cohen for the Cluster Oversight Committee: The two words that describe the Committee and the situation are: "new" and "change." We have a new committee to oversee the implementation of the newly-reorganized mental health system. Our first task is to understand the goals in the context of the immediate changes, and to understand our role, to look at which questions are the important ones to answers, and to look at sources of information. We've asked representatives of the PTF and CTF to participate in the Committee.

The focus of our work with DMS is to identify the best way of assessing how the system is working and that part of our work is going very well.

We are also trying to deal with some short-term issues. We are looking at the Matrix Program to see how well it is actually serving people. The MHB has taken a position against the program. We are also working with DMS with regard to the system capacity, the definitions of coordinators and case managers, and access issues.

Darwin Dias for the Program Assessment Committee: We are the main watchdog agency. We began 15 years ago with interviewing clients to help assess programs. We wanted to get their feelings about the services they were getting. Recently these interviews have been lacking. We began to wonder if programs were actually working with clients. We believe the qualitative value of programs could be better assessed with more input from consumers. So the Committee drafted a client assessment standards and ratings to be part of the Program Review to give more importance to the client interviews.

The action item on the draft standards and ratings for the community member section of Program Reviews was then discussed. Dr. Cohen asked if there was any overlap

between the consumer satisfaction survey being developed by the Quality Improvement Committee and the consumer interviews done by the Program Assessment Committee. She asked if the goals were the same for both projects. Mary Sue Planck replied with the following points: There is one basic difference. The Program Review does not respond to what clients need and want in general, but to their view of how a specific program that they are in is serving their needs. Lois Jones asked about Program Reviews for children's programs. Ms. Planck said that this was a good point and that it will have to be worked on jointly by the Program Assessment and the Children's Committees.

Dr. Cohen said she felt the overall content of the standards and ratings was good, but that some standards were vague and undefined. Ms. Planck replied that this part of the Program Review is intended to be subjective. She said the Committee provides trainings in doing the client interviews and that they had run smoothly in the past. She noted that mental health is so intangible and said the MHB is the only group that is really looking at it from that point of view.

MSP that the Program Assessment Committee be asked to refine their draft standards and ratings for the community member section of the Program Review, with input from Janice Cohen and Nancy Messersmith and from Lois Jones (re: assessment of children's programs), and that they come before the MHB next month with the revisions.

Lois Jones for the Children's Committee: We have determined which programs we want to have come and do presentations before the Committee. The complete schedule through May 1994 is in the Packet. These presentations are to inform committee members and to help us work through program assessment. When we are finished with the presentations we will try to outline what we've learned over the past year. This is more a learning process right now than anything else.

Phyllis Spanglet for the Issues & Public Interface Committee: We've taken what Jerry Windley and Margel Kaufman have told us and my own gut feeling of being so tired of being reactive, and have decided to take the bull by the horns and be very active.

Norma Block reported on her meeting with Supervisor Willie B. Kennedy: She had good suggestions. She suggested that the MHB get in touch with the City Lobbyist and have here apprise us of legislative and funding developments on mental health issues at the state level which we might want to take action on. I was surprised to find out that she has never heard of the cluster system. We need to get a fact sheet on the clusters to her and other supervisors. The good thing is that she has not heard any complaints about the system. Another thing that concerns me is that you have to be almost incapacitated to get services. Supervisors Kennedy is very concerned about a preventive focus. She said she would be willing to write legislation to support this. She also suggested using the hospitals in the Presidio and at Fort Miley to house homeless people, but said the obstacle would be getting the buildings up to code.

David Fischer reported on his view of the Committee and on his meeting with Supervisor Tom Hsieh: What I hope will come out of this will not be just an individual impact, but a cumulative effect. Tom Hsieh as Budget Chair is very overworked. I asked if we could serve as an information source for him, and I believe this is a role we should play. Supervisor Hsieh said that when it comes time for the traditional form of testimony at hearings it is already too late to really influence the budget. Norma's experience and mine is that there is a lack of fundamental information at the Board of Supervisors.

Ms. Spanglet concluded by asking that the yellow report forms be sent in as soon as possible on any visits with decision makers, and that MHB members call Rich at the office to tell him which Health Commissioners they want to meet with.

MSP that a letter be sent to Margaret Kisliuk, who is the lobbyist for San Francisco with state government in Sacramento, asking her to follow developments on mental health issues, and advise the Mental Health Board about possible actions to take. (Letter to be sent was included in Attachment J of the Board Packet.)

MSP that the MHB request that DMS prepare a brief description of: 1) the cluster system, and 2) the target population, both of which will then be distributed to the Board of Supervisors and Health Commissioners by MHB members in the next few weeks, and that both descriptions be one-page fact sheets with bullets, very reader friendly, and designed specifically for the target audience.

Ms. Spanglet also said the Committee was asking DMS to do a one-page update with bullets every month. Mr. Fischer asked Mr. Jue if he thought that would be helpful. Mr. Jue said that it would be worth trying for a while. Dr. Cooper said it would be most effective if Board members could deliver it personally.

Janice Cohen for the Nominating Committee: Everything is on the written Committee Report. We'll be holding the vote at the beginning of the February meeting, and nominations will be accepted from the floor.

Robin Cooper for the Executive Committee: This is also the Report of the Chair. I've been on several working committees in DMS regarding managed care. All the public money will be in one pile. This will be a very complicated process. The first step is the consolidation of inpatient and outpatient services. We will be in a system that has joined inpatient and outpatient services and will focus on more efficient coordination. Mr. Fischer asked how many therapists would chose to opt out. Dr. Cooper said it depends on what they get paid. She said the question is how providers will get selected. She said the State has some guidelines.

Mr. Samples said he thought managed care would be a threat to consumer's independence and right to choice. Dr. Cooper said that this is something to monitor. She said there are some legal guidelines to insure some degree of choice. She said there

seems to be goodwill so far in keeping the degree of choice broad. She said decisions will also be made about which hospitals provide services.

She continued with the following points: In mental health there will be one system. There is debate now about whether DMS will be able to compete if the private sector providers are able to take all the best paying clients. Other issues to follow include: 1) medical necessity is not clearly defined, and 2) people who are not severely ill but who are getting services at clinics at SFGH - where will they get services?

Dr. Cohen noted that counties have 1st dibs for being in charge of mental health managed care. She said she was concerned about the impact of managed care on committee work being done on evaluating the system.

Dr. Cooper continued with the following points: I also attend the DPH Ad Hoc Budget Committee. Much of the budget news comes through this committee. The Program Committee has been developing Managed Care for public health and will create a corporate entity to be a managed care system.

Nancy Messersmith as the representative to the Appeals Committee: There have been no meetings. Mr. Jue noted that the Appeals Committee has been dumped and the Grievance Procedure is taking its place.

Nancy Messersmith as representative to the mobile crisis project: I'm supposed to be part of developing this program and have talked with Carmen Carillo. She told me, "I really need someone who supports me." I took that as the termination of the call.

Ralph Jacobson from the Community Advisory Board at SFGH: Our goal is to coordinate with other groups providing mental health services, especially working in a coordinated fashion on the budget, to make sure programs get the funding they need. We would like to work with you on the issue of patients leaving our program and entering your program; there is a high drop out rate in the transition between programs. The CAB meets on the 4th Tuesday of each month at 5:30 p.m. You are all invited to attend. Darwin Dias is the MHB liaison to the CAB.

V. PUBLIC COMMENT

There was no public comment.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:11 p.m.

Suite 510
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San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

MEETING OF THE FULL BOARD
Wednesday, February 9, 1994
1380 Howard, 4th Floor Conference Room, 7:00 p.m.

AGENDA:

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I. **CALL TO ORDER/APPROVAL OF MINUTES**

II. **REPORT OF THE CHAIR**

III. **REPORT OF THE DEPUTY DIRECTOR**

IV. **ELECTION OF MHB OFFICERS:**

V. **NIMH CASE MANAGEMENT RESEARCH PROJECT:** Dr. Barbara Havassy and Dr. Linda Chafetz will make a brief presentation.

VI. **HOMELESS ISSUES**
1. Proposal for public toilets, token system, closure at night: Jerry Veverka will be present to discuss
2. Request for MHB liaison to Task Force on Homeless Mentally Ill

VII. **SITE APPROVAL:** Proposed move of CVE and Keystone Vocational Services from 1453 Mission and 45 Onondaga to 649 Mission

VIII. **PERFORMANCE CONTRACT**

IX. **BUDGET, STATE THREAT TO REALIGNMENT FUNDS**

X. **MHB COMMITTEE REPORTS**

XI. **PUBLIC COMMENT PERIOD:** Members of the public may address Board for three minutes on subjects within purview of the MHB.

XII. **ADJOURNMENT**

NOTE: MHB members are asked to stay after the meeting for a brief (10 minutes) meeting of SFMHEF, Inc. - our non-profit corporation.

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

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SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Wednesday, ~~February 9, 1994, 7~~ p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Robin Cooper, M.D. (Chair); Pamela Balls Organista, Ph.D.; Everett Brandon; Janice Cohen, M.D.; David Fischer; Lois A. Jones; Maria Leib; Nancy Messersmith; Melvin Miles; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Norma Block, Darwin Dias.

OTHERS PRESENT: Lucille Ramstetter, R.N., M.S.N.; Jeff Jue (DMS); Susanna Mah (Public interest); Mark S. Adamek (Consumer); Mike Wise (Consumer); Francois Nion (J.C. Decaux); Linda Chafetz, (UCSF); Barbara Havassy (UCSF); John Brauer (California Pacific Medical Center); Fran Gomory (Community Vocational Enterprises); Judith Stevenson (California Pacific Medical Center); Vivian Imperiale (Community Vocational Enterprises and SF Alliance for the Mentally Ill); Glenda Jeong (Keystone Vocational Services); Tom Baughman (Westside Community Mental Health Center); Steve Leoni (Consumer Task Force and Mental Health Association); Alicia Wilson (Mental Health Association); Jerry Veverka (Mayor's Disability Council); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES
The meeting was called to order by Robin Cooper, Chair, at 7:04 p.m.
MSP to approve the minutes of the meeting of December 8, 1993, as submitted, with the one addition of Nancy Messersmith's brief remarks on the Consumer Satisfaction Survey.

Dr. Cooper announced that Norma Block was on leave due to illness. She announced that Paula Wilson had resigned from the Board in order to accept a position with DMS. She thanked Lucille Ramstetter, whose term ended on January 31, 1994, for her years of service to the Board, and presented her with a certificate of appreciation.

IV. ELECTION OF MHB OFFICERS
This agenda item was moved forward on the agenda. Dr. Cohen, Chair of the Nominating Committee, announced the nominations as follows:

For Chair: Mel Miles; for Vice Chair: Norma Block, for Secretary: Pamela Balls Organista.

Ms. Messersmith made the following points: I approve of the slate, but I have some concerns. Right now I think we need at least one person on the Executive Committee who is experienced. I've just been told that we can't go on with the Planning and Policy Committee, because everything might be changed. Ever since I've come on the Board the leadership has changed and changed and several issues have gone by the wayside, such as issues regarding homeless women and electroshock.

Mr. Samples nominated Nancy Messersmith as Secretary. Ms. Messersmith nominated Phyllis Spanglet as Vice Chair.

The election took place with a show of hands. **The following officers were elected: Chair: Mel Miles; Vice Chair: Norma Block, Secretary: Pamela Balls Organista.**

Mr. Samples made the following points: As former chair of the MHAB for 3 years, I want to say that you will have your work cut out for you. It will be a very hard job. I wish you all well. Congratulations.

II. REPORT OF THE CHAIR

Deferred to coincide with the discussion of the budget under the Report of the Deputy Director.

III. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue expressed his appreciation to the Board members appointed in the last 6 months for meeting with him and for their hard work.

He continued with the following points: Sandra Hernández, Director of Public Health, is scheduled for a brief introductory session at the March 9th meeting of the MHB. I am also asking to present a briefing on managed care at the March meeting. Managed care is going to start happening very fast.

Flo Stroud is leaving DPH. She is someone universally respected and will be sorely missed. She will join the faculty at the UC Berkeley School of Public Health.

State budget: $3.1 million from the federal government did not come through. The Governor has characterized $2.3 billion of that as being for health, education, and jail services for undocumented people. The effect of this loss is yet unknown.

Realignment I gets repealed. $1 billion will be cut from AFDC. $150 million will be cut out of Medi-Cal, including funding for psychology. State realignment transfers $3.2 billion dollars to the counties and realigns services commensurate with that. The carrot is local control. Under Realignment I there were 3 funds: Community Mental Health, Public Health, and Social Services. The Community Mental Health Fund was based on

a 1/2 percent sales tax that went directly to the counties. It meant $800 million statewide. No one anticipated at that time that the state would be going into a recession.

Mental health in the Governor's budget was portrayed as a very successful example of realignment. It was touted as a successful public policy issue, so why not do more? The three funds have been eliminated and now there is one large Community Service Fund. No longer is there a specific fund for mental health.

County Budget: DPH is to receive $110 million from the general fund, which is down from $120 million last year. When growth and COLA's are included, the true deficit comes to $31 million.

DPH: Department-wide efforts are still continuing to produce cost reductions. The teams have come up with $5 million in savings already. Efforts at consolidation are underway in DPH and DMS, with the hope of improving services while breaking down bureaucratic jurisdictions and barriers.

L Facility: It is ahead of schedule. It comes without funding for operating expenses. We are discussing who will run it - civil service or a contractor. We're discussing what kind of licensing would be best, and who will be served. We know that there will be 15 beds for adolescents and 170 beds for adults. Committees have been meeting and working on programming.

Jo Ruffin took people through an outcome-based planning process rather than an interest group type process and the report has come back that that worked very well and a lot of good work got done.

DMS has sent two teams to LA to assist in recovery form the earthquake disaster. Two more teams are being formed.

California Pacific Medical Center has sent DMS a letter saying they are not continuing with Northeast Lodge, citing the following: the facility needs significant repairs, there is a high staff turnover, and there is erratic funding from DMS (Northeast Lodge is always on the edge of the cut list.)

Managed care: The first phase is consolidation of inpatient services. The target date is July 1. A lot of relevant policy decisions have not be settled yet at the state level.

Dr. Cooper added the following points: I have been attending Dr. Hernández's ad hoc budget committee meetings. DPH has an overall plan for reorganizing and re-conceptualizing how it operates, with the goal of increasing efficiency in significant, system-wide ways. There are some important implications for our clients in some of the directions DPH is going in. The whole thrust is to make DPH viable under managed care. Some of that serves us well and some it doesn't. We are looking at two types of

services. DPH is trying to move to a tighter consolidation of physical health, mental health, and substance abuse services. I've had a big concern about the separation between physical health and mental health - especially in the case of people who are not persistently and severely mentally ill who are now being served in outpatient services.

There is a lot more information about how administration is restructuring and I can give the details to anyone who is interested. The approach has been to identify which services to keep so DPH can survive as a system - the core services. Additional services will be costed out. DPH will make a case to the Mayor that there are broad services - for trauma victims, rape victims, for the homeless, jail services, security guards at clinics - that need to be paid for by the City, perhaps using public safety money.

Mr. Fischer asked if that's a realistic approach. Mr. Jue responded with the following points: It's a strategy question we are still struggling with. In DPH, we spent $25 million in services to the criminal justice system. $18 million is general fund money. $14 million of that is under DMS. So we show the biggest share of general fund dollars. If there is a growth in demand for services and the City freezes dollars to DMS, then that eats into community services. It's viewed as a jail-required service. Medi-Cal cuts off once someone enters jail. Jail services are the fastest growing services.

Strategically, we can say: 1) we'll take it and bid for it, 2) it's ours, we'll keep it, or 3) we get a commensurate increase in funding as demand grows.

IV. NIMH CASE MANAGEMENT RESEARCH PROJECT

Dr. Havassy began by making the following points: This is a 5-year study funded by the National Institute for Mental Health. It's a research and demonstration project, providing services. It compares two models of community support services for mentally-ill adults with a history of recidivism: 1) Expanded Assertive Brokerage Model (Crisis Response Team), and 2) Clinical Case Management Model (Citywide Case Management). We are recruiting 400 consumers discharged from SFGH, who have hard at least 2 hospitalizations in the past year. We hope to get 400 people over 2 years. We will follow each participant for 18 months, and will involve them in 6 interviews asking them about quality of life, service use, substance abuse, etc. We will give them $15 per interview. The first one will be 1.5 hours and subsequent ones will be 1 hour each. We'll start recruitment in March.

The reason why this study is being funded is because of national interest in cost effectiveness of case management We have an economist working with us on cost effectiveness.

The main questions the study addresses are:

1. What are the differences in cost and effectiveness of the two service delivery methods.
2. Do substance-abusing SMI subjects benefit more from CCM/CWCM than from CRT and cluster core services?

The Citywide Case Management Model is long-term and there are small case loads. The staff are master's-level prepared clinicians. The Crisis Response Model uses 30-60 days to make the regular system accessible to the clients. Both are good, the question is, "Who does better with which service?" We will be looking at gender and ethnic differences with regard to these two models.

We have drop in meetings every 2nd and 4th Tuesday morning from 10-11 at SFGH in Room 7M30A. This is a time for anyone interested in the study to be there and ask questions and voice concerns. For more information you can call 597-9278.

Ms. Messersmith asked how they were going to reach people who live on the streets. Dr. Havassy replied with the following: We expect to learn how to find them. When we meet with them individually, we will ask them how to find them. We will be having people with street savvy doing the interviews. Dr. Chafetz added that she hopes with a little extra resources going into people in the project, it will liberate some resources for other programs.

VI. HOMELESS ISSUES

2. This item was taken first. Joan Ripple of Senator Milton Marks' office came to the Executive Committee to ask how the state can be more useful to counties around the issues of homelessness. Janice Cohen and Nancy Messersmith will be liaisons to the Task Force on the Homeless Mentally Ill.

1. Jerry Veverka made the following points about the Mayor's Council on Disabilities and the issue of the public toilets proposed by J.C. Decaux: I'm the only person of 29 members on the Council representing mental health issues. I'd like to request a letter from the MHB to the Mayor, urging an increase in this representation.

Attachment B. in your packet discusses the issue of public toilets. I'm coming to you 6 months too late. Things did not work out as simply as I had thought they would. We were stiffed by the Mayor's Office and by the Department of Public Works. The people from J.C. Decaux listened to us better than our own city government. I started pulling more people into this when I found I wasn't getting anywhere, and I am still not getting anywhere.

There are two reason we should be interested in this issue: 1. the human need, and 2) the issue of rights. The ADA covers mental disabilities as well as physical disabilities. But the needs of the mentally disabled are more difficult to identify and codify than the needs of the physically disabled. If I can't get my wheelchair into a bathroom, then I am being denied access. If I have a chemical sensitivity and the odor of the cleaning materials and disinfectants keeps me from using the toilet then I am being denied access. In both cases, J.C. Decaux has made the toilets accessible. But if I'm in a state of decompensation and I have nothing in my pocket and the door is locked and the sign says to go to a place for free access and I can't negotiate that, either focusing on the

message or getting to that place, then the toilet is not accessible to me - because of the nature of my disability. There are lots of people on the street who can't negotiate this.

This is an access issue as well as a human needs issue. Persons with mental disabilities ought to have the same right of access to a public facility as the person with physical disabilities. Public toilets ought to be free and accessible. What I'm hoping we can salvage out of the process is making the toilets free and open 24 hours a day in areas where there is a high incidence of homelessness.

People have said that then there would be problems of increased vandalism, as well as prostitution, and drug deals taking place in the toilets, and people sleeping them. If there are problems, solve the problems, don't solve them by denying access.

I would like to ask the MHB to: 1) write letters to the Board of Supervisors in support of the above position. 2) Show up at the time of the hearing on this issue. 3) Have someone from the MHB assist in dealing with J.C. Decaux and the Board of Supervisors as we work this out.

Ms. Messersmith made the following points: I've worked as a provider out on the streets and in the Tenderloin and the way to solve the problem is not a separate but equal solution, but businesses ought to let people go to the bathroom. I think there's going to be drug use in the toilets. I think there's going to be crime. I think it's going to be wet around the toilets. They may pop open when someone's inside, and that's inhumane. It won't be a safe place for the mentally ill. If a woman has to use the toilet, she'll probably have to clean it first. Probably they will be vandalized. Bathrooms are there already. The answer is not to push homeless people to unsightly special toilets out on the streets.

Ms. Spanglet made the following points: I work in the Tenderloin. It would be worth it to drug dealers to put a quarter in and take their customer into the toilet to do the dope deal. It reminds me of the parking meters vandalized all over town. The bus shelters were removed from the Tenderloin at the request of the police, because they were being used for drug deals. So many people are not capable of getting a token. The mentally ill are often portrayed as perpetrators of crime - but so often they are the victims of crime.

Mr. Veverka replied: I think the toilets are a good idea. I think they're going to be there no matter what we do. I think they should be free. Mr. Fischer responded with the following: I admire your sense of political fairness and realism. I think public toilets should be available all over America. Will the company go away if demands are made with regard to accessibility. Mr. Veverka said he didn't think they're going to go away.

Francois Nion from J.C. Decaux made the following points: We did a pilot project in New York for 4 months in 3 locations. It was very successful. The City is now issuing an RFP. Mayor Jordan was in New York and saw the toilets. We've met with a lot of

people in San Francisco and are trying to respond to their needs. We are now using a recycled token - you put it in the slot, open the door and it comes right back out so you can use it on a continuing basis.

MSP that it be the position of the MHB,on the basis of the rights of the mentally ill to access, that public toilet facilities be free, so there will be access for the mentally ill, and that at least some of them be open 24 hours a day, especially in areas of high incidence of homeless people.

MSP that the Mayor be urged to increase the representation of the mentally disabled on his Council on Disability.

VII. SITE APPROVAL

Glenda Jeong announced that Community Vocational Enterprises and Keystone Vocational Services were proposing to move to a new site at 649 Mission Street. She noted that the building was an historical landmark, was seismically retrofitted, was accessible to the physically disabled, and that the owners were willing to make any changes necessary with regard to accessibility.

Ms. Messersmith who inspected the site for the MHB advised MHB approval.
MSP to recommmend to the Health Commission that it approve the move of Community Vocational Enterprises and Keystone Vocational Services to 649 Mission Street.

VIII. PERFORMANCE CONTRACT

Mr. Samples made the following points: We just need to tell the State that we have received it and reviewed it. I went over it with a fine tooth comb to see if I could come up with anything substantive to comment on and couldn't find anything.

IX. BUDGET, STATE THREATS TO REALIGNMETN FUNDS

This was covered under the Report of the Deputy Director.

X. MHB COMMITTEE REPORTS

Program Assessment, reported by Ms. Planck: Attachment G. has a revision of the standards for review which was requested by the MHB at last month's meeting. The list has been shortened. It's still important to remember that the MHB is the only group that looks at services from a subjective point of view. A program could get A+'s on the objective scales, but if clients said that the program was no good and was not helping them, then the objective rating wouldn't really matter. The questionnaire has not been changed. It was translated into 12 languages and the review process is undergoing a major change for next year.
MSP to adopt the current questionnaire and the revised rating standards for this year's reviews.

Planning and Policy, reported by Mr. Samples: We have prepared a new definition of consumer guided. We are looking for input, and then we'd like to take it back to the MHB.

Issues & Public Interface, reported by Ms. Spanglet: Visits have been made to 6 of the 11 Supervisors. Five have still not been visited. This request has been going on for 3 months now. I'd like to ask Robin to visit Sue Bierman in place of Paula Wilson. I really expect you to call Rich at the office as to which of the remaining Health Commissioners you want to visit.

Children's Committee, reported by Ms. Jones: We had a presentation from the Chinatown Child Development Center and from the Teen Clinic at Galileo High School run by the Chinatown/North Beach Clinical Services. Both of these programs are doing a wonderful job and don't get a lot of recognition. They are both doing a lot of self help work.

Consumer/Family Member Task Force, reported by Ms. Spanglet: We have been taking up several of the same matters as on tonight's agenda, such as the public toilets. Next week's meeting starts the beginning of the 3rd year of the CTF!

XI. PUBLIC COMMENT

Alicia Wilson said that the rally for mental health funding normally held in Sacramento each year is going to be changed to two regional rallies, one of which will be held in San Francisco between the 5th and 8th of April.

Roy Crew urged that consumers and family members be elected to the Board of San Francisco Mental Health Education Funds (SFMHEF) in the meeting scheduled to follow the MHB meeting.

Mike Wise asked when the L-facility at SFGH is scheduled to open and would there be consumer staff positions. Mr. Jue replied that the building should be finished in October and the inside areas completed 2-3 months after that. He said consumers are to be a part of staffing throughout the facility.

Steve Leoni argued in favor of the money gained from selling Napa beds coming back to community services. He also said he wanted to support what Roy said about the SFMHEF election.

XII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:21 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

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MEETING OF THE FULL BOARD
Wednesday, March 9, 1994
1380 Howard, 4th Floor Conference Room, 7:00 p.m.

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

10 min. II. REPORT OF THE CHAIR

20 min. III. VISIT FROM THE DIRECTOR OF PUBLIC HEALTH
Sandra Hernández, M.D., new Director of Public Health, will be present. She's been invited to get acquainted with the MHB and share with us her vision for the future of the Department.

60 min. IV. MANAGED CARE PRESENTATION

5 min. **DMS Managed Care Committee - Robin Cooper, M.D.**

10 min. V. REPORT OF THE DEPUTY DIRECTOR

10 min. VI. COMMITTEE REPORTS AND ACTION ITEMS
MHB Committees and Task Forces
MHB Representatives to DMS Committees
Other Groups - SFGH CAB, etc.

5 min. VII. PUBLIC COMMENT PERIOD
Members of the public may address Board for three minutes on subjects within purview of the MHB.

VIII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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UN **ADOPTED MINUTES**
Wednesday, March 9, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Melvin Miles (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Everett Brandon; Janice Cohen, M.D.; Robin Cooper, M.D.; Darwin Dias; David Fischer; Lois A. Jones; Maria Leib; Nancy Messersmith; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto.

OTHERS PRESENT: Jeff Jue (DMS); Nancy Presson (DMS); Louise Rogers (DMS); Glenda Jeong, (Keystone Vocational Services, Provider Task Force); Kevin McLaren (Thunderseed Day Treatment, Provider Task Force); John C. Brauer (California Pacific Medical Center, Provider Task Force); Suzanna Mah, R.N., M.S.N., Neil Broudy (St. Luke's Day Treatment); Pamela Fischer (SFGH Community Advisory Board, SF Alliance for the Mentally Ill); Steve Leoni (Consumer Task Force, Mental Health Association); Edwin Batongbacal (South of Market Mental Health Center); Alicia Wilson (Mental Health Association); Bea Stephens (Westside Community Mental Health); Francis Lu (SFGH Department of Psychiatry); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:06 p.m.
RESOLUTION: That the minutes of the meeting of February 9, 1994, be approved as submitted. (Moved, seconded, and passed.)

II. REPORT OF THE CHAIR

Mr. Miles made the following remarks: I want to thank the Board for selecting me as chair person. I believe that indicates that you have some confidence in me to lead the MHB and that you know I'm a workaholic. I want to thank you for also selecting Norma Block and Pamela Balls Organista as Vice Chair and Secretary, respectively. I think we will make a very good team together.

I know that you are all very busy, and are serving in a volunteer capacity. I want to respect your time and move the meetings as expeditiously as possible. We all have visions and dreams. Commuication is something I've always been interested in. Computers allow us to communicate in a much more efficient way than in the past.

The MHB meets for 2 hours 12 times a year, which is only a total of 24 hours a year. I am very interested in developing a vehicle to get us on the information superhighway, utilizing our nonprofit, the SF Mental Health Education Funds, to develop an information system. I would like to raise funds to provide each board member with a laptop computer, along with a modem and a fax machine, so we can link up with each other and with information networks. Then we can have information to enable us to make the kind of decisions on policy that we want to make.

We have such a short period of time to meet. Each of us has different personalities and styles. Some are more vocal and some tend to work more behind the scenes. What I would like to do is meet with each of you in the next 30 days to find out what your vision is. This is an opportunity for you to let me know what your goals are and I want to be able to help you utilize the resources of the MHB in achieving your goals.

Jeff did that with each of us who came on the Board last year, and I really appreciated it. I got a sense of Jeff as a person and as a leader.

Executive Committee Recommendation on Seclusion and Restraint
Ms. Planck reviewed Attachment A regarding SB 895 by Senator Dan McCorquodale. She explained that she had called both Patient's Rights Advocacy Services and Protection and Advocacy, Inc., to get information on the differences between the old legislation and the new. Ms. Santos asked about the range of restraints included. Mr. Samples responded that since there is no language in the legislation restricting the meaning of "restraints," it included all restraints. Ms. Messersmith noted that she had just been at St. Mary's Hospital and had concerns about the treatment of children. Ms. Planck replied that SB 895 is only for adults and that the Children's Committee might want to follow through on the issue with regard to children, and bring recommendations back to the Board.

RESOLUTION: Be it resolved that the MHB:
1) Adopt a position in support of SB 895 (McCorquodale), and communicate that support as requested to the members of the Assembly Health Committee.
2) Write to Bob Okin, Chief of the Department of Psychiatry at San Francisco General Hospital, to remind him of the MHB's 1992 recommendations regarding seclusion and restraints and inquire as to whether the recommendations have been implemented.
3) Stay in communication with the Community Advisory Board of the Department of Psychiatry at San Francisco General Hospital, which is also following this issue.
(Moved, seconded, and passed.)

Mr. Miles then reviewed the committee structure, making the following points: Ms. Messersmith is leaving the Planning and Policy Committee to join the Children's Committee, leaving Mr. Samples as its only member. The Executive Committee decided to combine Planning and Policy with the Cluster Oversight Committee, which is chaired

by Dr. Cohen. The Executive Committee approved giving Mr. Samples status on the Executive Committee as a non-voting emeritus member, in recognition of his long and meritorious service on the Board, and because of the value of his input.

With regard to co-chairs serving on the Executive Committee, a potential problem had arisen where the Executive Committee would have been a quorum of the Board. To remedy that, the Executive Committee voted to have only one co-chair be authorized to serve on the Executive Committee by the choice of each committee that has co-chairs.

Mr. Miles then reported on the lunch meeting he and Dr. Cooper had with Dr. Sandra Hernández on February 28th, as follows: Dr. Hernández expressed the desire to bring prevention and early intervention into more parity with other services. Another area of interest she expressed was combining Substance Abuse Services more with Mental Health Services. I was really impressed with Dr. Henández's openness in stating she wanted to be educated in the area of mental health, an are she had not paid much attention to. She asked good questions that showed she's been looking into this issue. She invited me to join her Ad Hoc Budget Committee, and Robin will also remain on that committee.

Dr. Cooper added the following: Mel and Dr. Hernández hit it off on prevention services. I said I hoped that our dialogue would continue in the area of mental health services, particularly because mental health is the only area where there are service reductions in the Dept. of Public Health. She was very explicit about wanting to apply prevention also to adult services.

Mr. Miles continued with the following: Mary Sue and I met with Jeff yesterday continuing a tradition which Jeff initiated when Robin was Chair.

III. VISIT FROM THE DIRECTOR OF PUBLIC HEALTH

Mr. Miles announced that Dr. Sandra Hernández would not be attending the meeting, since she was called out of town due to her mother being ill.

IV. MANAGED CARE PRESENTATION

Ms. Presson began the presentation making the following points: We are "test marketing" the slide show that you will be seeing in a few minutes. We'll be glad to do this slide show for any group that requests it. It's important to us that you ask all your questions so we can pursue them.

The "Provider Update" newsletter (in the Board packet) was sent to 2,100 providers. They will be part of our family under managed care.

Ms. Presson then introduced Ms. Rogers, DMS Managed Care Planner, who presented the slide show and made the following points:

Under the healthcare reform going on in the State of California, there will be a public/private partnership. The State's plan for mental health managed care calls for carving mental health out from physical health managed care.

Currently there are two programs. 1) Short Doyle dollars come into the county and the city puts in 50% match for federal money. 2) Fee for service - private practitioners provide services to Medi-Cal patients and bill the state directly. Currently San Francisco has $25 million in Short Doyle funding and $9 million in fee-for-service funding. But there is no connection or coordination between the two programs. The State Department of Health administers the fee-for-service program. The State Department of Mental Health administers the Short Doyle program.

This lack of coordination is driving the State's response to managed care. Both programs will be combined into a single County-run system, resulting in better coordination and better tracking of patients and their care, and cutting administrative overlap.

The most costly group of clients, 1,700 people, absorb 36% of Medi-Cal dollars, or $12.4 million, which is $7,200 per client. So we'll be looking especially at the high user group.

Under the fee-for-service program, private providers get a fixed fee for a particular service. Under the Short Doyle program, the county pays actual costs of treatment.

In 92/93, $34 million came to San Francisco, $25 million to the Short Doyle program, and $9 million to the fee-for-service program The Short Doyle money is split more equitably between inpatient and outpatient services, and the fee-for-service money is spent more on inpatient services. There has been particular growth in the fee-for-service costs, because inpatient costs have been increasing.

The State's goal is to reduce inpatient costs. But there is a problem in that the State doesn't want to pay for some of the community services that help people stay out of the hospital.

Under managed care, there will not be as much choice for the consumer of mental health services as for the consumer of physical health services. There will be a single manager of managed care for mental health. The county has first right of refusal. It's required that there be an array of services consistent with State and Medi-Cal requirements.

Starting on October 1, 1994, inpatient services will become the County's responsibility. The County will become the gatekeeper for all inpatient services, authorizing reimbursements. In 92/93, 1,000 patients were served at a cost of $5.6 million.

The allocation for San Francisco has not be determined yet - it's to be based on history, need, and number of Medi-Cal people in the County. Capitation will replace the Short

Doyle and fee-for-service system, both of which reimburse based on services. Capitation would reimburse based on the number of enrollees at a fixed rate per person regardless of the amount of services each person uses.

The risk the County would take would be the difference between the capitation rate and the actual cost. The County is already at risk for lots of services. The tentative schedule for capitation is: July 1, 1996, inpatient risk taken on; July 1, 1997, outpatient risk taken on.

The arguments in favor of the county managing mental health care are: The county is already managing most of the money, so it would be less disruptive. The County kicks in 50% to match federal funding, and the County would not want to pay 50% of something it has no control over. The County is already providing the safety net services. It's in the County's interest to develop good systems of care.

There is a statewide managed care committee, and San Francisco has a parallel process. I've spoken with Mary Sue about getting consumer representation on the committee.

The goal is to produce a system that is customer friendly and cost-efficient with effective outcomes.

The State has decided it doesn't make sense for the County to call the State for authorizations, so the County will be authorizing services. Some clients now get treatment under both Short Doyle and fee-for-service systems. They are called "medi-medi" clients.

Ms. Presson noted that the discussion is about managed care for Medi-Cal clients only, and that they are only about half of the clients. She said as national health care proceeds (or doesn't) it may replace this managed care system.

Ms. Spanglet brought up the problem of finding private providers who accept Medi-Cal. Ms. Rogers said that DMS has a list of 400 providers, but it's unclear how many of them are seeing Medi-Cal clients. The estimate is that 50 of them are doing most of the providing.

Dr. Cohen brought up the question of allocations, the fact that San Francisco has an overmatch now and the city is unique, and questioned whether the State will come up with a plan that will meet the needs of SF's clients.

Ms. Presson responded with the following points: The allocation issue is one the MHB is probably going to want to keep tracking. Back when there was federal money to be gotten, San Francisco was very aggressive and so got more money. San Diego was very regressive and refused to take money. But then the federal government gave the money to the State to give to the counties. San Francisco is getting more money, but with a stable population, while the population in other counties is growing. So over the years,

quick-growing counties have been saying that they're not getting their fair share. But San Francisco has replied that the city has always gotten this money, and that if it were taken away, there wouldn't be enough to continue needed services.

Managed care is bringing up the allocation issue all over again. The State has decided to hire Ernst and Young, the accounting firm, to come up with an allocation plan by June 1st. Mr. Jue added that allocation is **the** issue for San Francisco, **the** issue period.

Mr. Brandon asked why it would be worse to elect the HMO model. Ms. Rogers replied with the following points: Our point of view is that it would be difficult for the County to turn money over to an HMO and not have control over it. Also, a lot of people feel HMO's have not provided very good mental health services.

Mr. Jue added the following: If you are healthy, an HMO is great. If you are unhealthy, you are the first one dropped out, and the County provides the safety net. The County system has had full risk and has provided the safety net for many years and has a set of services no HMO has yet developed.

Ms. Presson made the following points: We want to have healthy providers. If we manage things right we may have more money for community services. We want to keep the whole range of providers. We're going to need all the providers we can get.

Dr. Balls Organista said that quality assurance is never fully addressed in a satisfactory way. She said managed care is driven by cost-effectiveness and asked who will determine quality assurance.

Ms. Rogers answered with the following points: Under capitation the provider will want to get the client in the door, but then get them back out again as quickly as possible. So the County's role will be to make sure the client gets the care they need. The County will have to balance the tendency to get people out. We are developing systems, but it's not addressed yet.

Mr. Jue added the following: Managed care is to be an outcomes-driven system, with outcomes as agreed upon by the County and the State. This changes the dynamics about quality. Despite all the risks, one thing I'm excited about is that managed care will redefine our approach to quality as defined by outcomes.

Mr. Fischer asked who the slide presentation was designed for, and recommended designing a presentation speaking to the consumer perspective. He also noted that he was concerned about driving private practitioners out. Dr. Cooper said that there is not a lot of incentive to participate in the fee-for-service program as it stands now. She said the reimbursements are abysmally low and that there is too much paperwork. She said she is part of a group of providers for medically indigent adults which is forming a nonprofit association of independent providers, and will contract for services.

Mr Samples said that consumers need: quality services, choice of treatment, and control over their own lives.

Ms. Presson said she would be glad to return in a month or two with a consumer presentation, and would be glad to attend a meeting of the Consumer/Family Member Task Force.

Mr. Wise asked, "What genius is going to provide statewide criteria? Is this a way to provide rationing for services?"

Ms. Presson responded with the following points: The State's planning committees are including access standards in their work, and expect to provide minimum standards. Their discussion mirrors what you are saying: How can you set statewide standards, and especially under capitation? There will be minimum standards and there will be some county flexibility in interpreting those standards.

Ms. Ma said that under managed care quality will decrease, and asked about what kind of services are valued most. Ms. Presson replied as follows: I don't see that it's going to decrease services. We should have the same money to spend on one system instead of on two. I think the philosophy would be to increase the range of services, and encourage the widest array of services, in order to meet the needs of clients, and in order to keep people out of the hospital. Rationing of care by reducing benefits is not the tool we would necessarily use to manage care. However, everyone says managed care is driven by saving money.

V. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue made the following points: One important thing to remember is that none of what we've been talking about in terms of managed care jibes with the Clinton national health care plan. With regard to the budget, there are $3.5 million in direct service cuts, and a variety of other cuts in administration. One target is full integration of mental health and substance abuse services administration, and that decision will be guided by principles of managed care, and should save $150,000. It is also planned to consolidate the conservatorship and placement services, to reduce duplication and get more streamlined functioning. Ms. Jones noted that moving the Family Mosaic Program to mental health is like having the fox guard the chicken coop.

Mr. Brandon asked if there will be a bottom number for Napa beds, below which DMS will not go. Mr. Jue replied that the new L-facility in San Francisco should be open next spring and the overall plan is to bring out-of-county long-term clients home. Mr. Brandon said that he would like to see discussion in the future about clients who will need care for the rest of their lives and what kinds of resources are available for them. He said he would have felt good about the savings from Napa reductions, if they were put into care for those clients, but instead it has been dumped into the general fund.

Dr. Cohen made the following points: There is nothing inherent in managed care about quality, and it's unclear about access. We need an assessment of what percent of our system's clients need level 5 care. What's our goal? Unless we go back to real basic issues about need, we're never going to be able to develop good managed care.

Mr. Jue replied that there are three choices: 1) reduce the use of long-term services, 2) reduce community care, or 3) stand and fight and let them take it away. Mr. Brandon said he though if there was a vision, the budget decisions could be made based on that.

Dr. Cooper said that this is not a health-driven policy, but a fiscally driven policy. Mr. Jue agreed. Mr. Miles said that he felt these are dangerous policies for consumers and for the public out on the street. Dr. Cooper said that she felt her role on the DPH Ad Hoc Budget Committee is to represent this position.

Mr. Jue said a rationed approach was taken to the budget: You get $110 million and no more; you figure out how to spend it. The issue of need has not been part of the discussion at the state level for the last 8 years. If you used the word "need," you'd get thrown out or laughed at. Dr. Cohen said that if the State is deciding allocations based on numbers of Medi-Cal clients, then there should be a drive in San Francisco to get everyone possible signed up on Medi-Cal - like a voter registration drive. Mr. Jue noted that it's been an ongoing strategy to improve revenues from Medi-Cal, and that in the last 2 years, it's gone from 30% up to 50%.

VI. COMMITEE REPORTS AND ACTION ITEMS

RESOLUTION : We feel it is extremely important that the h
Health, Public Safety, and Environment Committee of the Board of Supervisors hold hearing on mental health services. We will be glad to work with the Committee in concert on the hearing, within the constraints of time and personnel of the Mental Health Board. The Mental Health Board of San Francisco hereby endorses such a hearing and offers to participate as a co-sponsor. (Moved, seconded, and passed.)

VII. PUBLIC COMMENT

Ms. Wilson asked if the MHB had just given Supervisor Shelley a free hand with with hearing and suggested that the Board might want to become more involved in shaping the hearing than just passing out flyers.

Mr. Brandon said that he felt that the issue of restraints and seclusion needs more time and more depth of consideration.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:25 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD
Wednesday, April 13, 1994
1380 Howard, 4th Floor Conference Room
7:00 p.m.

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE DEPUTY DIRECTOR

40 min. III. SPECIAL PRESENTATION: *THE YOUNGEST CONSUMER*
(See Flyer)

IV. REPORT OF THE CHAIR

V. SITE REVIEW: Proposed move of Instituto Familiar de la Raza from 2515 24th St. to 2837 Mission St.

VI. COMMITTEE REPORTS AND ACTION ITEMS
MHB Committees and Task Forces
MHB Representatives to DMS Committees
Other Groups - SFGH CAB, etc.

VII. PUBLIC COMMENT PERIOD
Members of the public may address Board for three minutes on subjects within purview of the MHB.

VIII. ADJOURNMENT

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SF Dept. of Public Health

The Mental Health Board
of San Francisco
presents

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Agenda.

The Youngest Consumer:

Children from 0-5 Years Old in the Mental Health System

with presenters from
Infant-Parent Program (SFGH)
Chinatown Child Development Center
Family Mosaic Project
Head Start
and with
parents of children in the system

This presentation will take place
during the regular meeting of the

Mental Health Board
1380 Howard Street (at 10th)
Wednesday, April 13, 1994
7 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Wednesday, April 13, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Janice Cohen, M.D.; Robin Cooper, M.D.; Darwin Dias; Lois A. Jones; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Everett Brandon; David Fischer; Maria Leib; Nancy Messersmith.

OTHERS PRESENT: Jeff Jue (DMS); Kevin McLaren (Thunderseed Day Treatment, Provider Task Force); John C. Brauer (California Pacific Medical Center, Provider Task Force); Neil Broudy (St. Luke's Day Treatment); Armando Sosa (SFGH Community Advisory Board); J. Morgan (DMS Community Aftercare Program); Mike Wise (Consumer/Activist); Julia Diaz & Angie (Spiritmenders); Ruth Parson (Sonoma County Mental Health): Brian Cheu (Patient's Rights Advocacy Services); Margarete Connolly (Children's Mental Health Health Policy); Juanita Quintero (Instituto Familiar de la Raza); Otilia Parra (Instituto Familiar de la Raza); Steve Leoni (Consumer Task Force, Mental Health Association); Alicia Wilson (Mental Health Association); Mary Sue Planck (MHB); Rich Snowdon (MHB).

PRESENTERS: Nancy Presson (DMS); Gene Chen (Chinatown Child Development Center); Alicia Lieberman (Infant-Parent Program); Joanna Uribe (Family Mosaic Project).

I. CALL TO ORDER/APPROVAL OF MINUTES
The meeting was called to order by Mel Miles, Chair, at 7:05 p.m.

RESOLUTION: That the minutes of the meeting of March 9, 1994, be approved as submitted, with the exception of the following addition requested by Ms. Spanglet: On page 5, after: "Ms. Spanglet brought up the problem of finding private practitioners who accept Medi-Cal. Ms. Rogers said that DMS has a list of 400 providers, but it's unclear how many of them are seeing Medi-Cal clients. The estimate is that 50 of them are doing most of the providing," add: "Ms. Spanglet said she felt the numbers were much lower, and estimated that the San Francisco Medical society has no more than 15 providers on their list." (Moved, seconded, and passed.)

Ms. Spanglet noted that the list from the S.F. Medical Society had been received since the last MHB meeting and it had only 11 providers on it.

Mr. Miles then introduced Suzanna Mah, R.N., M.S.N., a new member of the MHB appointed by Supervisor Susan Leal. Ms. Mah explained that she is a recent graduate of the Masters in Psychiatric Nursing Program at UCFS, and now works at St. Mary's Hospital. The other Board members then introduced themselves.

II. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue made the following points: The data from the State Outcome Survey has come in and it is a huge amount of information. There were 25-30 questions on the survey and it was filled out by 130 clients. The focus was on quality of life issues. Bill McConnell can make a presentation to the appropriate Board committees. It would be good to review the information before May 16 when the regional training on outcomes takes place.

The Housing Planning Group had their first meeting with 30 people in attendance, including representatives from HUD, the Mayor's Office, the developer community, the provider community, and the consumer community. The intent is to outline long-range plans for supportive housing.

With the closing of Northeast Lodge, California Pacific Medical Center has agreed to maintain the Asian Focus Program at Westside Lodge. The remaining parts of the Northeast Lodge program will be put out to bid.

The MHB has been invited to send a representative to the Adult Management Team, which is working on the management and implementation of adult services. There are seven subcommittees, including ones on dual diagnosis and linkages to acute care.

Thanks to all the MHB members who worked on the program reviews of contractors, for getting the reviews done so quickly and efficiently. The Ryan White grant for $331,000 was approved. It will be used to enhance treatment and case management services for people with HIV. The African American waiver is nearing completion.

There were 6-700 people at the recent rally in Oakland. It was a wonderful experience, especially to hear consumers speaking out eloquently. Mental health could be a big loser under the Clinton health care reform plan. We could end up with a two tier system and no safety net. Philip Lee has made a commitment to sponsor legislation to close some loopholes, so that the states will not be let off the hook for providing mental health services. There have been no major changes since last month with regard to the mental health budget in San Francisco.

There was a retreat recently that came up with proposals with regard to the conservator integration, which included revenue production, reorganization, and eliminating

duplications in services. As a result, DMS will now try to avoid the $300,000 cut that was proposed for that area.

Nelba Chavez, the current Director of Probation Services for Juvenile Probation in San Francisco, was just appointed director of SAMSHA and will be in a very key position regarding funding for mental health. I urge you to look her up and let her know who you are.

Dr. Cooper asked about the proposed $150,000 cut for consolidation of mental health and substance abuse administration. Mr. Jue replied that he had just finished with a meeting about that and that Medi-Cal now has a system for splitting out administrative costs and he believes that a way has been discovered to get reimbursement from Medi-Cal so as to not lose those 2.5 positions.

III. SPECIAL PRESENTATION: THE YOUNGEST CONSUMER

Ms. Presson began with a quick overview of Children's Services, by making the following points: We currently have two major goals: 1) to serve severely emotionally ill children, and 2) to provide outreach services to children at risk, in order to prevent severe disturbances. The funding has never been adequate for these two goals. Proposition J provided 5 new social workers which has been a great help.

In San Francisco, we have some extraordinary programs, which are models in outreach and providing services to children, such as the Infant Parent Program and the Chinatown Child Development Center. Also there is the Audrey L. Smith Child Development Center, a day care program enriched with support services, which is run jointly with the Dept. of Social Services. We are hoping to expand this through Proposition J funding, so we can provide mental health support services as well as consultation. Headstart has over 1,000 children in its classrooms in San Francisco. This past year DMS started a relationship with Headstart, in which DMS provides mental health consultation to all Headstart classrooms.

Mr. Chen then made the following points about the Chinatown Child Development Center: The Center serves children from 0-14 years. An example of one intake is as follows: We got a call from Kaiser about a 12-year-old boy who was referred by his school counselor. He had been angry in class and took his pen and etched the word "dragon" on the back of his hand so deeply that it bled. Kaiser staff said the family was reluctant to make use of psych services and needed someone who speaks Mandarin.

The child had been in the U.S. since the age of 5. But from 2-5, he had been living with an aunt. His family had left him in Taiwan when they came here. There was an indication that he had had problems for sometime. He had severe anger. Why wasn't this picked up before? There is a tendency for the Asian population to internalize and not act out, and so often they get overlooked.

This child came form an intact family, but lots of Asian families have had separations. The children experience stress and trauma, and this is not well known. CCDC works with many children who have been sent back to China or Hong Kong for a year or two before being reunited with their family. They have emotional problems, but these problems are not being picked up.

CCDC is an outpatient clinic, providing psychological evaluation and testing; play therapy; family therapy; marital therapy; groups for kids; a mother's group. Languages spoken by staff include Cantonese, Mandarin, Vietnamese, and Cambodian. CCDC also provides services to special education programs under the AB 3632 program. CCDC began in 1973 through a grant from NIMH.

In terms of the 0-5 age range, we provide preschool mental health services; consultation to 10 day care sites (5 are Headstart programs, 5 are community day care centers in the Tenderloin and Chinatown/Northbeach. This is a very cost-effective way to provide services. We are able to evaluate kids these centers are working with, and help promote their growth and prevent need for more serious mental health services later on. If the child is in need of treatment right now, we encourage referrals.

With children from 0-5, if they are in a family that left them behind, they may have problems that need our attention. In lots of families both parents work and work long hours, so the kids don't have the kind of parental support you'd expect in intact families. These kids are home alone a lot, feel depressed, withdrawn, and do not draw the attention that acting out kids get. They are also not part of the system.

Dr. Cohen asked why these families were not becoming part of the system, was it their choice? Mr. Chen responded with the following: Lots of times it is their choice. And especially for immigrants, if you are sponsored over, you have to say you won't depend on government support. So there is a fear of using welfare, social services, or mental health services. They are scared that using these services will impact on their naturalization.

Dr. Cohen asked about the ability to address the root of the problem, and asked if there are situations where it's better to remove the child. Mr. Chen replied with the following: If the child's life is in danger, then of course we make sure the child is removed. But in the families I'm talking about, the parents are not as aware of the importance of emotional issues. If a child is not able to concentrate, the parents might think it's a matter of willfulness or laziness, instead of an emotional problem that is diverting them from studying. It's not that the parents don't care, but just that they need to increase their awareness of what the needs of their children are.

Ms. Block asked what efforts were being made to make teachers and parents aware of the general problem of the tendency to withdraw. Mr. Chen replied as follows: A lot of efforts are made to educate people. We work on doing that in the context of our individual work with children.

Ms. Mah noted the denial of mental illness in the Asian community and asked about CCDC's strategies for changing that in the Sunset and Chinatown areas. Mr. Chen replied as follows: First we work with staff to get referrals, then we work with families directly to change perceptions. If the family won't come to us, then we try to reach them other ways, like working with Health Center 4, when people come in for medical treatment.

Ms. Lieberman then spoke about the Infant-Parent Program as follows: The philosophy is that the first relationship shapes the way the baby feels about himself and how he sees the world. How relationships begin has a great deal to do with how they are going to go on.

The way we parent our children has to do with how we were parented ourselves. We can unconsciously repeat how we were parented. When children who were neglected or abused grow up and become parents they can repeat those problems with their own children. When a child cries, the parent can have inexplicable rage or can hit the baby. The baby will get the message, "I'm no good. I don't belong." This will become part of how the baby will react viscerally to the world. Parents come to us by referral or because they are worried that something is wrong in their relationship with their baby. They feel parenting is not being fun, it's not being what it should be.

Many parents can't easily come to our center, so we go out to their homes. There we can observe them with their babies and other children. We develop a course of action together. Clients tell us what they want for themselves and for their babies. Then we develop goals and strategies. Sometimes the key problem they are worried about is housing, so then advocating for better housing becomes the first central issue for us. We hope that this advocacy has the concrete effect of actually getting better housing, but it also says to the parent, "We want you to define for yourself what you need." Or we might help them get immunizations for their baby, which the baby needs, but which also helps the parents gain self-esteem as capable parents. Concrete assistance can take lots of forms, but it is always designed with a specific goal in mind and with the purpose of delivering a message to the parents.

We also provide information about development. For example, if the parents leave the child with a baby sitter, and the child starts to cry, the parents might think the child is spoiled. But developmentally the baby is saying that the parent is the most important person in the world. We help parents be empathetic with their babies, and see that the baby has longing, and fear, and the full range of feeling.

We help parents remember their own childhood experiences to help them realize how they are re-enacting their childhood history. Understanding this link between the past and present is often a great source of relief for parents.

We provide mental health consultation to day care providers, who often need help in understanding the predicament these families are in. This is a new field to all of us, mental health issues of the very young child, and we are all still learning. We ask care givers to tell us what their difficulties are. Sometimes they are having trouble with an individual child. Sometimes it's more an issue of how day care is organized, like high staff turnover which is giving the kids separation anxieties. So then we work on cutting down staff turnover.

Our first goal is to prevent the removal of the child from the home. If that's not possible, then we work very hard for reunification. If that's not possible, then we work hard to find a single, stable place for the baby.

Ms. Jones asked about the issue of drug-exposed babies, who have major mental health problems. Ms. Lieberman responded as follows: Many of the children referred to us have been through a drug pregnancy and have an incompletely developed central nervous system, and show a range of symptoms, they are jittery, fail to thrive, have problems with getting nourishment. The babies have problems in and of themselves, but when they are with a parent struggling with drugs or mental health issues, it's much more difficult. We have a vulnerable baby and a vulnerable parent and have to work with both. We want the mom to not just blame herself, but to see that the baby is having objective difficulties, too.

We try hard to coordinate the work of all the providers connected with the family to get a coherent approach.

Mr. Samples asked about the issue of keeping families together vs. breaking them up. Ms. Lieberman replied as follows: The least damage is done when families are kept together. There are many ways to do this. But that is first and foremost. There are circumstances when the parent is so hooked on drugs that program after program fails to work and the baby is waiting for the parent to get her life together. Then we ask, "How long can this baby wait for a family to claim it as their own?" We can never remove a child lightly or without pain. Ms. Jones said that families can be lost when the baby is taken away. She said the courts make every effort to place children with relatives.

Mr. Samples asked about the network of family day care providers. Ms. Lieberman responded as follows: We have been able to get into the homes of providers. It's more complicated and research is difficult, because so much of it is underground. But we get to providers through the individual children we are working with. Then we go and observe the baby sitter and then make an educated guess about what we see, then we meet with the parents to discuss it.

Mr. Miles noted that AB 548 does mandate that children removed from their family of origin be placed with relatives if possible—but only after adjudication. In the meantime, DSS does placements not under that mandate.

Ms. Santos noted that parents have their own way of disciplining, and asked where the line is drawn in calling Children's Protective Services. Ms. Lieberman responded as follows: That is a line that gets defined and redefined based on the work we are doing with that family. There is a difference between calling CPS and having the child removed. We can work with the parents when we have to call CPS, work as an advocate for the parent. Often the fact that we are involved makes a big difference in the decision of CPS.

Ms. Mah asked about preventing abuse, the repetition of the past. Ms. Lieberman said that they not only work with parents referred to them, but work a lot with teachers and medical providers, and do lots of workshops and talks.

Dr. Cohen asked what the families look like, and do they see lots of grandparents taking care of these children. Ms. Lieberman replied as follows: We have a weekly staff meeting. Every time someone presents a case they say, "This is not a typical family." That has become our mantra. We have such an incredible range of problems and families. Every family is unique.

Joanna Uribe then presented the Family Mosaic Project, making the following points: Our target population is 3-16. We have had only 12 children referred to us under the age of 5. Our criteria for referral is that the child is at imminent risk of out-of-home placement or is out of home. We are referred to situations when they have reached their last resort stage.

An example of our work is that a mother told us recently, "Family Mosaic helped. It didn't solve all my problems, but I feel human again and can love my daughter again. Before I could only love her when she was asleep."

We do things like put a 1:1 support person into a day care program with the child, so the child will be accepted there. We do in-home family therapy. We have respite care for mothers who want to go back to school to increase their skills and increase their income. We provide intensive, focused support to get things back in balance.

The greatest damage that can be done to a family is to remove the child, unless the child will be killed. This may mean being in the home for 8 hours during a crisis.

Our project is a coming together of DMS, the schools, DSS, and Juvenile Justice. There is a tendency for one department to say to another, "This case is your responsibility." But cuts hurt everyone. We have lot of meetings to provide coordination in order to have the best services possible for the child. We are looking at how to pool money from different departments to fund services that may not be traditional. There is still a lot of struggle in figuring out the fit of different mandates of different systems. Family Mosaic is all those systems in one, and yet it has a position outside those systems in order to make them all work together.

Ms. Presson noted that a letter had come from the Muriel Haas Foundation expressing interest in funding programs for the 0-5 age rage. She said there is some real concern in the Clinton Administration and in the media about this age group, and that it is long, long overdue.

Ms. Connolly noted that it might be a good idea to do publicity about these children's programs, in conjunction with the release of the Carnegie Report.

IV. REPORT OF THE CHAIR

Postponed due to lack of time.

V. SITE REVIEW

Otilia Parra of the Instituto Familiar de la Raza presented information about the proposed move to the program. She noted that the space they are now in is going to be remodelled and turned into residential units, so they have to move. She also said that the program has tripled in size and needs a larger space anyway. Mr. Dias, who inspected the site on behalf of the MHB gave a very favorable report, saying he thought it was ideal for clients, well laid out, somewhat soundproofed, accessible, and newly remodelled. Mr. Samples noted that he would support the move of Instituto, but believes the site approval ordinance is unconstitutional and therefore would vote against the approval, unless his vote would make the difference in passing the resolution.

RESOLUTION: That the MHB recommend to the Health Commission of San Francisco that it approve the move of Instituto Familiar de la Raza to 2837 Mission Street. (Moved, seconded, passed)

VI. COMMITTEE REPORTS

Most committee reports were postponed, with the exception of the Issues and Public Interface Committee. Ms. Spanglet reviewed the Committee's attachment in the packet and encourage members to return the form requesting ideas on revenue enhancements as soon as possible. She went over the serious problem with the budget proposed by Governor Wilson—namely that it rolls over $3.2 billion of deficit into the next fiscal year and delays consideration of it until after the elections in November.

VII. PUBLIC COMMENT

Public comment was invited during the course of the meeting.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:16 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
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MEETING OF THE FULL BOARD
Wednesday, May 11, 1994
1380 Howard, 4th Floor Conference Room
7:00 p.m.

AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. VISIT WITH DR. SANDRA HERNANDEZ, DIRECTOR OF HEALTH

IV. REPORT OF THE DEPUTY DIRECTOR

V. ACCESS ISSUES FOR THOSE WITH MENTAL DISABILITY
Jerry Veverka will be present to discuss formation of a team to codify the needs of the mentally disabled. (Attachment A)

VI. MHB COMMITTEE REPORTS AND ACTION ITEMS
- ▲ Executive Committee:
  - Approval of proposal for Adjunct Team (Attachment B)
  - Response to Examiner editorial - Ratify (Attachment C)
- ▲ Cluster & System Oversight
  - Outcome Survey - Recommendations (Attachment D)
- ▲ Children's Committee
- ▲ Issues, Public Interface
  - Ideas for Sup. Hsieh's hearing on revenue (Attachment E)
  - Public Relations material (Attachment F)
- ▲ Provider Task Force
- ▲ Consumer Task Force
  - Videotape - Discussion: Phyllis Spanglet (Attachment G)

VI. REPORTS OF MHB REPRESENTATIVES TO DMS COMMITTEES

VII. PUBLIC COMMENT PERIOD: Members of the public may address Board for 3 minutes on subjects within purview of the MHB.

IX. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Wednesday, ~~April 13, 1994,~~ 7 p.m.
1380 Howard, 4th Floor Conference Room
May 11, 1994

BOARD MEMBERS PRESENT: Mel Miles (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Everett Brandon; Janice Cohen, M.D.; Robin Cooper, M.D.; Darwin Dias; David Fischer; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Rich Samples.

OTHERS PRESENT: Sandra Hernández, M.D. (Director, Department of Public Health); Jeff Jue (DMS); Ruth Parson; Debi Smith; Robert Lytle; Pamela Fischer; Tom Baughman (Westside); Valerie Edwards (Westside Crisis & Outpatient); Jerry Veverka; Carol Schillinger; Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:04 p.m.

RESOLUTION: That the minutes of the meeting of April 11, 1994, be approved as submitted (Moved, seconded, and passed.)

II. REPORT OF THE CHAIR

Mr. Miles said he would defer the Report of the Chair so that the conversation with Dr. Hernández could begin immediately.

III. VISIT WITH DR. SANDRA HERNANDEZ, DIRECTOR OF PUBLIC HEALTH

Following the introduction of individual members of the MHB, Dr. Hernández made opening remarks as follows: The health care field, including physical and mental health, is at a very exciting time from the perspective of people stepping back from the system and asking questions about how we can be more holistic and inclusive about how we approach our clients. At the same time this is happening, we are undergoing a period of chronic budget crisis.

During the last 5 years, as staff of DPH, we've done a major devastation on mental health, because it's so dependent on General Fund dollars. There seems to be a lack of political will to raise the tax dollars necessary to cover the needs.

When we ask questions about how we can treat the whole individual and community of people, we think we can make improvements. DPH tends to address problems vertically as opposed to horizontally. By that I mean we treat issues categorically and most people's problems don't fit into categories and with chronic budget cuts, there is a tendency to pit physical health against mental health and prevention against treatment.

Under managed care, we will not carve out mental health as the State is doing, but carve mental health into physical health. Even though the State will do separate financing, we will integrate physical and mental health. But the system has a capacity problem. We are working with our contractual partners to see if we can develop more coordinated care.

Managed care, whatever we may think of it, is a reality. From the State point of view it is a cost containment program. But it gives us an opportunity to focus more on prevention and to keep people healthier.

From the public health perspective, I think it's important to reset the tone around prevention services. In the Department, we have begun doing integration, and will continue to integrate inpatient, outpatient and community based services. But it will still be a formidable challenge to make it work. We have successful examples of bringing different aspects of the system together, albeit in crisis situations.

The budget process does tend to weigh heavily on creative ideas and especially prevention. If we could get out of doing budget 12 months a year, we do have ideas and programs we'd like to implement.

In terms of mental health adjusting to the budget, the focus is on serving the severely mentally ill, but still it is not possible to serve all the severely mentally ill. And still there is a population with needs not being addressed at all. We still have a grossly inadequate capacity.

Even on the physical health side, there is a tremendous lack of capacity for getting mental health assessments and care. I would characterize the entire system as under capacity. I suspect that in the margins there are more things we could do to increase capacity within the give budget restraints, but still those things will not solve the capacity problem.

In the budget process this year, funding is tied to the issues of the % of General Funding—which hurts mental health. Two key questions we are asking in rethinking our mission are: 1) What can we do to coordinate better and make a seamless system of care. 2) What services are core and what services are not core to DPH? Prevention is not supported by many in the political leadership.

There is in the minds of some people the idea of making DPH independent and not have to spend any tax dollars—a situation which is very unlikely. There are some fantastical notions circulating out there, and it's important for us not to allow those notions to continue.

Ms. Spanglet then made the following comments: When you said that the notion of overfunding is not pervasive, I think you are right, but that's what gets into the media. I don't know if anything can be done to reverse that idea in the media—such as the *Examiner* editorial saying that mental health had $40 million that it didn't need and was offering champagne services. Perhaps at this point it would take a major miracle to be able to get funding for prevention services, but what about early intervention services?

Dr. Hernández replied with the following points: I guess I don't agree that a major miracle is what it would take to get some community prevention program. I don't think we're worlds away from it, but I think we have to create a policy debate that gets us out of just discussing the severely ill issue. It's important for us to take some policy stands for prevention.

When we approach elected officials about prevention, they ask: How do you know it works, and if there is a change, how do you know your program made the difference? This is a difficult debate to have in the media. In my time of watching the media, it's been lukewarm to DPH. It's interesting now how healthcare has moved down from the 1st concern of citizens to the 2nd one behind violence. We don't even talk about prevention anymore in the media.

Ms. Planck then ask the following: If one extreme of the debate is to cut all the services, and we respond with a reasonable position, then the compromise between the two still results in draconian cuts. Should we take a more radical position to get a better compromise?

Dr. Hernández replied as follows: I worry that year after year we've had one-time fixes that are not very good fixes. The problem is that you can't even have a logical argument. My impression is that in politics logic doesn't get you very far. I think it's still important to put out reasonable positions.

Mr. Miles made the following comment: I think it's significant that the message on behalf of prevention is coming from you as Director of DPH. That makes it easier for the rest of us to push for prevention.

Dr. Cohen asked the following questions: What is the bottom line? At what point does it become impossible to maintain services? What kind of models are you looking at in terms of integrating mental health and physical health, especially given the carve out of mental health services under managed care? What would the single payer initiative mean if it passed? The ground rules change so rapidly that the structures don't last.

Dr. Hernández replied as follows: It is very difficult to do planning with so many unknowns, so many external forces. In terms of the carve out, there is a financial carve out for mental health, but that doesn't preclude us from designing a system that integrates physical and mental health. The challenge is going to be to have enough funding to make either system work.

Basically MediCal enrollees will be in a capitated system of some sort. On the national level, the Clinton plan does not prohibit the single payer system. I think we need to be thinking programmatically what models work no matter what the financing—and make the funding adjust to those models if we can.

We might start with the integration of children's mental health services with children's physical health services. In the Castro clinic, we have mental health and substance abuse services in a physical health clinic. It took a long time for people to develop staffing and modality. We have some models in the system, some small successes of integrating services.

Mr. Brandon made the following comments: I'm always raising the Napa bed issue, because I'm so familiar with it. In the last few years the number of beds at Napa have dropped from over 400 to under 100. At $100,000 per bed, the Department as reaped $30 million in savings. But not one penny of those savings has been spent for those clients. I think you ought to, for your own self, make a visit to Napa. Someone said to me that mental health is the most devastating illness. He said if I had to choose an illness, mental illness would be the last one I'd choose.

I think this selling of beds, will be a blight on this Department forever. I think we need to look at the SF locked facility and ask key questions and you ought to get more familiar with that yourself. I am very concerned about you being aware of that issue and providing leadership.

Dr, Hernández responded as follows: I am appreciative of your comments. I haven't been to Napa, but I am familiar with that kind of facility from family members being in similar facilities. But it's a good suggestion, and I will visit Napa. The $30 million in savings has gone to things like police overtime, the MUNI, etc.

Mr. Brandon replied that that was not true, that it stayed in DPH. Dr. Hernández said she wished it were so that the money stayed in DPH. She said if the $30 million went somewhere else in the Department, she'd like to know where it went, because no area has been augmented. Mr. Brandon then said, that that's what he meant: the Department gets cut, but the money comes from the Napa clients. Dr. Hernández then said she understood what he meant.

Ms. Block asked the following: How do you feel about the programs for children and prevention? How can the MHB support you in promoting prevention since prevention is so logical and sensible.

Dr. Hernández replied as follows: Make that pitch everywhere you go. I have friends who talk to me about what the media says about city employees. Some of that is accurate, but they never profile the people who are great.

We have a lot of half-baked programs now, which through attrition and loss of staffing are not able to meet their mission.

In terms of children's services, there's been a lot of discussion in the Department about these services and discussion across departments, too. From a health perspective I don't think the system of delivery needs to be changed, though we have capacity problems throughout. Nevertheless, we are in a process now of figuring out what kind of reorganization in children's services makes sense. A key issue is the one of across department planning.

Of all our services, our children's services are working reasonably well—compared to other services. So I don't think children's services needs a big fix. They are not in a crisis state.

Ms. Jones responded as follows: I see you don't talk to parents. It was hard to keep quiet while you were speaking. I've had a child in the system since he was 6 and he is now 18.

Dr. Hernández replied as follows: Tell me, that's why I'm here. Educate me. Ms. Jones continued as follows: Residential centers are located out of the county. Two day treatment centers have closed. There isn't any quality assurance in programs. Most of the clients in children's programs are minorities, but the staff are not and they know nothing of these kids lives. The kids are not getting better, but the staff are still collecting their paychecks. There are no transition services for 18-22 year olds. It's nice that all these City departments are at the table, but where are the parents? They are never at the table.

Dr. Hernández replied as follows: What I was saying was about the delivery system. With regard to the different entities I've described, virtually every one of them have parents who provide advice as you do here. The Department is very committed to this process. I don't think it's true to say there are no parents giving input on services.

I'm aware that the City has been woefully inadequate with regard to substance abuse services for adolescents. There is no doubt there is an ongoing need for day treatment. The capacity is limited throughout and nonexistent in many places. Juvenile Justice has an array of services, but you have be in the system to use them. We are looking at what happens when the child gets out.

I'm not saying that all is well, but that there is a process in place, that the collaborative planning process involving consumers and advocates holds the promise of addressing the problems that continue to exist.

Mr. Jue added the following: Two programs have closed, but the resources are not lost. There is a meeting scheduled for May 25th with parents, so we can look at how to redirect those resources. There wasn't enough attendance to keep these programs going. Dr. Cooper said that it was a major loss to lose those day treatment programs. She said from the point of view of clinicians, the Children's & Adolescent Day Treatment was an excellent facility. She added that prevention of deterioration needs to be part of prevention overall.

Mr. Fischer asked the following: Does the mental health budget get cut because of a lack of constituency or a lack of articulating need on our part? What steps are you taking to protect the budget and how can we help you?

Dr. Hernández answered as follows: When there are limited tax dollars you force a debate on what's important. For me to be political means more than to be on the Board of Supervisors or the Health Commission. DPH has taken a larger proportion of cuts than its due share. There is an unwillingness of those with more to tax themselves for those who are in need. The problem is that there is an unwillingness to tax where the money is in order to to help those who have no other resources. It's not just a matter of political will, but a matter of leadership.

I'm not against small business or big business—but it's important to determine what is important for those who have the least. The special interests tend to get pitted against each other and you lose the point of what you are doing anyway. A lot of what goes on in healthcare focuses on civil services and that takes up a tremendous amount of time.

I spend a lot of time with members of the Board of Supervisors who agree philosophically and say they will reinstate programs—but the reinstate mentality is not what I'm talking about. There is a lack of tax dollars.

Most of what we do is invisible, unless you have a relative or someone you know getting treatment. We're trying to get the Board of Supervisors to go out to programs with us to see first hand how the system works and doesn't work.

The Mayor, for example, acts based on what he's told, which is not necessarily the same reality that you and I know. We're in the system so we see it all the time. But to policy makers who are not in it, it's a very invisible and very expensive department.

Ms. Spanglet noted the following: Michelle Aldrich of the DAAB, made a point which I think we need to use: A sick brain is not capable of keeping a body healthy. How do we get the Board of Supervisors and the Mayor to understand?

Dr. Hernández replied as follows: The perception is that the more we provide the more we create, the more services people will come here to get. That's the public perception and the media perception. We've got to overcome that perception that if you cut mental health programs the mental health problems will go away.

Mark Roberts authored a book on the health care crisis, saying that the crisis is multi-factorial, but has to do with the economics of not valuing prevention and with the kind of perverse incentives currently in the health care system. Ms. Spanglet said that perhaps the MHB should buy 11 copies of that book and take copies to the Supervisors.

Dr. Hernández continued: When you get into this level of how to go about changing the system, regrettably our officials respond to *voting* constituents. We have a larger number of consumers in our constituency who are not voting. Perhaps a voter registration drive to get them out to vote would make a difference—especially since such a small percentage of people vote.

Mr. Brandon added: We need a public spokesperson. With the 12-month budget process, it's hard to do, but it would be good for you to get out in the public eye more.

Dr. Balls Organista made the following points: There hasn't been enough of a campaign to demonstrate cost effectiveness. There are studies coming out now that show costs are saved not just by mental health services, but by a wide range of services.

IV. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue reported the following: At the state level there is a decision to be made about allocation of funding. The two extremes are: a) Capitation—which would be devastating for SF, and b) Experience & History—which would be best for SF.

SB 1368 by Steve Peace regarding community care facilities says that facilities have to be separated by a distance of 5 miles—an untenable situation for SF.

DMS got a 3-year renewal on a HUD grant of $900,000 for supportive services like hotels operated by Conard House. A SAMSHA grant has been completed by Children's Services, which focuses on empowering parents, and strengthening parent support. There are now 30+ SED classes where teachers and therapists are working as partners.

All 400+ clients currently located outside the city have been assigned case coordinators.

There will be a vocational workshop held on June 8th. We will bring in all providers to show them what services we have and how they work. We have received small grants from 3 foundations, Zellerbach, San Francisco, and Safeway, to fund a luncheon to highlight the values of supported employment.

We have gotten another budget target, which involves a cut of $5-6 million for DPH.

V. ACCESS FOR THOSE WITH MENTAL DISABILITIES

Jerry Veverka made a presentation as follows: The toilet issue is only a small manifestation of a larger problem. The program has gone through all the steps. Next it will be heard by the Board of Supervisor's Budget Committee. No accommodation is provided for people with mental disabilities. J.C. Deceaux will win, and we will lose, but the question is will we lose lying down? I hope we can show that they have not gotten the support of the mental health community. They will be taking this program to other cities all around the country.

When I tell people that if you can accommodate people with physical disabilities, why can't you accommodate people with mental disabilities, they often cite the ADA. But the ADA also covers mental disabilities. But the ADA handbook just says that accommodation has to be done; it doesn't tell how.

So it occurred to me that while this is a difficult thing to do, it's something that urgently needs to be done. We all know something as consumers and advocates, so how can we come together and start to put down what we know in print, and begin to codify it.

Mr. Fischer added the following: The strength of the ADA is that it shifts the burden of proof to the property owner. I'm not aware of suits brought by someone with mental disabilities, but suits are what puts the fear of God into them.

Mr. Veverka responded: The problem is: What's the basis for the law suits. There's no code of guidelines written down. Dr. Cohen said that this is a great idea and will probably be very difficult to do. She noted that for over six months she couldn't find someone to rent an apartment to her sister.

Mr. Miles added the following points: I think this is a good thing for the Board to get involved in. You know how discriminatory all elements of society are toward mental disabilities.

Mr. Veverka said that this was the first really exciting issue he had worked on in terms of advocacy—all the rest of it having been defensive action. He noted that anyone wishing to work on a committee with him could contact him or Ms. Planck.

VI. MHB COMMITTEE REPORTS AND ACTION ITEMS

Mr. Miles began with the following: I had recommended several months ago the idea of adjuncts, which comes from college and university systems. The Board just doesn't have the capacity to educate the public and the politicians in the way we want. I think the inclusion of adjuncts is a way we can embrace additional talent in support of our efforts.

Mr. Dias made the following point: Frankly I don't like the idea. I think it would dilute the power of the Board. Mr. Miles responded as follows: They wouldn't have a vote. They would serve at the pleasure of the Board. If they violate our guidelines, we can

remove them. We don't have enough bodies here; we only meet 2 hours a month. We can generate guidelines to make sure that the adjuncts work effectively with us.

Ms. Planck noted that there are 7 DMS Committees without representation from the MHB, and 5 programs reviews that are being returned undone because there are not enough people to do them. Dr. Cooper added that there is a precedent for adjuncts in the Consumer/Family Member Task Force.

Ms. Jones added: I don't think it will dilute our power. People can serve at their leisure. If it interests more people in this subject, that's a good thing.

Mr. Miles continued: There are people who have areas of expertise who we would seek out to become adjunct members. It would be both subjective and objective. We want people of good character who would represent the Board in the way we would want them to. We want to recognize the contributions of those who will work with us. Mr. Fischer added the following: I can see it as a sort of farm system for people coming onto the Board. It's very difficult to come onto the Board cold.

RESOLUTION: That the Board adopt the proposed plan for establishing adjunct membership (Attachment B), and that adjunct members be nominated by the Executive Committee, and voted to membership by the full Board. (Moved, seconded, passed.)

RESOLUTION: That the Board adopt in principal the proposal for adjunct members as outlined in Attachment B, and ask the Executive Committee to complete the details of the proposal and bring it back to the Board for final approval. (Moved, seconded, passed.)

RESOLUTION: That the Board ratify the action of the Executive Committee in sending the letter in Attachment C to the *Examiner*. (Moved, seconded, passed.)

Very brief reports were made by the Cluster and System Oversight Committee and by the Children's Committee.

Ms. Spanglet asked for approval of a list of revenue proposals (Attachment E) to send to Supervisor Hsieh, at his request, for his hearing on revenue, and to be used by Board members in their second round of visits to decision makers.

Mr. Fischer made the following points: The approach I would take with individual supervisors would be different. I'm not able to make decisions on very complicated tax issues. I would go in and say that we need more revenue, and whatever approach the Supervisor takes, we'll offer to provide cover. I'd prefer a general approach.

Dr. Cooper added the following: That's a valid point. The Supervisors are trying to get us to create the solutions, and that's what they were elected to do. We could turn back on them and tell them that this is their job.

Mr. Miles added: ...and in the meantime, here are ideas. Ms. Planck added: Just for bluff calling, it might be good to have a list. Mr. Brandon added: I agree with David. I don't mind sending the list to Hsieh alone. I appreciate the work that went into this.

RESOLUTION: That the MHB send the list of revenue ideas which it has collected (Attachment E) to Supervisor Hsieh, saying that this is not an endorsement, but only a list of ideas, without a ranking. (Moved, seconded, passed.)

Mr. Fischer said he liked having a full range of options, an array of alternatives. Dr. Cooper said she would like to have the freedom to have the ideas with her to use them in meetings.

Mr. Brandon requested that the MHB communicate with Angela Alioto that the Board would like to have Jerry Windley attend meetings. There was general assent to this. Dr. Cooper said she was distressed about losing Supervisor Alioto's participation through her aide.

Ms. Spanglet announced that the Issues & Public Interface Committee was withdrawing the public education materials (Attachment F) and was starting over with them, noting that they are not to be distributed.

Ms. Spanglet then reviewed Attachment G regarding the videotape "Final Asylum." Mr. Brandon suggested showing it before the next meeting so anyone who wants to see can, or to include it in an all-day Board retreat.

RESOLUTION: That the concept of developing informational videotapes on various aspects of mental health is something the Board does support. The videotape "Final Asylum" will be made available for individuals or organizations. If a Board member wants to view it before the next meeting they can call the office to make arrangements. (Moved, seconded, passed.)

VII. PUBLIC COMMENT

Mr. Leoni made comments on the hotel tax and the real estate transfer tax. He noted that the issue of the Presidio power grid is not a tax but is revenue raising.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:40 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

Agenda

MEETING OF THE FULL BOARD
Wednesday, June 8, 1994
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR

III. REPORT OF THE DEPUTY DIRECTOR - To include update on budget

IV. REVIEW OF GRANT RENEWAL APPLICATIONS: (Att.A)

- SAMHSA Block Grant - Family Mosaic Project
- McKinney PATH Grant (Federal Homeless) - Swords to Plowshares and South of Market

V. MHB COMMITTEE REPORTS AND ACTION ITEMS

▲ Executive Committee
- Proposed MHB Retreat (Attachment B)
- SB 1368, Restrictions on Residential Facilities (Att. C)

▲ Issues & Public Interface
- Sup. Kevin Shelley Mental Health Hearing (Att. D)

▲ Children's Committee

▲ Cluster & System Oversight
- Revised Treatment and Eligibility Criteria (Att. E)

▲ Consumer/ Family Member Task Force

▲ Provider Task Force

VI. REPORTS OF MHB REPS. TO OTHER COMMITTEES

VII. PUBLIC COMMENT PERIOD

VIII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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4. Individuals with severe allergies; environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, June 8, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Vice Chair); Pamela Balls Organista, Ph.D.; Everett Brandon; Janice Cohen, M.D.; Darwin Dias; David Fischer; Suzanna Mah, R.N., M.S.N.; Mary Santos, R.N., M.S.N.; Phyllis Spangler.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Robin Cooper, M.D.; Lois A. Jones; Maria Leib; Mel Miles (Chair); Rich Samples.

OTHERS PRESENT: Jeff Jue (DMS); Luz Mary Harris (DMS); Roger Kat; Kevin McLaren (Provider Task Force, Thunderseed Day Treatment); Mike Wise (Resident of Board & Care Home, Consumer); Daniel Lee (Consumer, Baker Places); Steve Rifkin (Baker Places); Mike Callagy; Steve Leoni; Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Vice Chair, at 7:11 p.m.

RESOLUTION: That the minutes of the meeting of May 11, 1994, be approved as submitted, with date corrected on the first page. (Moved, seconded, and passed.)

Board Members introduced themselves. Attention was called to the announcement sheet, which was put together to save meeting time.

II. REPORT OF THE CHAIR

No report was made since the chair was out of town.

IV. REVIEW OF GRANT RENEWAL APPLCIATIONS (Taken out of order.)

Ms. Harris made a brief presentation on the McKinney PATH Grant renewal (Attachment A.) She said this was a routine renewal, with no changes to the grant, except for salary savings of about $4,000.

See below for the vote on this issue. A quorum was not achieved until part way into the meeting.

III. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue reported as follows: The state budget is not much different than when we last discussed it. There is a $3 billion shortfall in the budget, because Governor Wilson is counting on the federal government to reimburse the state for immigration costs and services. There is a $5-6 billion structural deficit in the budget that no one wants to touch until after the election. We will probably see the impact of that deficit in November or December.

Ms. Spanglet said that since the DMS budget will be in place then, what would be the process of deciding what gets cut. Mr. Jue replied as follows: It would be the standard process. The State is continuing to shift the responsibility for different services to the counties—like long-term care such as Laguna Honda. It's proposed to increase the counties' share to 35%. There are a lot of unresolved problems in the state budget.

With regard to the county budget, there is an additional $5 million cut. Two million in services are being cut, and $3 million are being taken care of through salary savings. We are working on the details now. Perhaps there will be some layoffs; perhaps a hiring freeze.

This is further complicated by an additional commitment by the voters of $14 million to the libraries. Three pots of money are now locked in: Children's Services through Proposition J; staffing level for the police; and library funding. Everything else is in the pool for General Fund cuts. Mr. Fischer asked the following: They knew the library measure was going to pass—did they do any analysis of where the money would come from. Mr. Jue said that he didn't know of any such analysis.

Mr. Jue continued as follows: There is a potential nursing strike which could happen in the next 2-3 weeks. There was a one-day sick out already. The L-facility at SFGH is nearing completion. We are strategizing how it will be run—civil service or contract. Lots of work has been put into planning of programming and staffing.

I had the pleasure of attending the first annual conference called "Work in Partnership with Treatment." The room was packed. Over 160 people attended. It was an outstanding conference. Particularly moving was a panel of 6 consumers who told their stories. I'd like to suggest a presentation on vocational services for an MHB meeting, including testimony from consumers.

Mr. Wise made the following points: Every year we get cut more and more. Is there a point where getting money from the government is not viable? Is there another way to go—a nonprofit perhaps—is there another way to go to make us less reliant on government funding? The SF Zoo for example, is now run by a private nonprofit. Mr. Jue replied as follows: I don't know that there is an alternative to public funding for public mental health services. It doesn't have the charitable draw that zoos and such have.

There was a quorum at this point in the meeting.
RESOLUTION: That the MHB write a letter to the State saying it has reviewed and approves of the McKinney PATH Grant renewal application for federal homeless funds to go to Swords to Plowshares ($57,150) and South of Market Clinic ($116,445). (Moved, seconded, and passed.)

III.b. LETTER OF INTENT FOR MANAGED CARE
Mr. Jue explained as follows: A letter of intent needs to be authorized by the Board of Supervisors and get to the State by July 1. We are in the process of briefing Board members on this. Ms. Block asked a series of questions which Mr. Jue answered as follows: What are the risk taking strategies? They are not set up yet. We can negotiate full or partial risk with the State. That will be part of the contract negotiations. You can cut off with 30-days notice if the risk becomes unacceptable after the contract is signed.

If the County doesn't accept the managed care contract, the State would RFP the whole thing out. Private firms have come in saying, "Give us all the money and we'll do it for less than it costs government." This has happened in a couple states and they have shown savings, but the treatment suffers. The County has the right of first refusal on this contract.

With regard to the impact of the local budget cuts on managed care—this will make the start up very difficult. We need to have a wide range of staff and services.

With regard to line 3 on page 1—this relates to the larger State Department of Health Services decision to transition all MediCal services to managed care. In the master plan for MediCal for health there is an appendix regarding preventive services.

What are the State's risk limiting alternatives—generally one of 3-4 approaches, but not really articulated yet?

What's happening in other counties? A situation of damned if you do, and damned if you don't. *Do* means the County has the responsibility, the resources, and the risk. *Don't* means, the County has the risk, but little of the resources.

Mr. Fischer asked if some counties are not taking on managed care.

Mr. Jue replied as follows: Thirty-five to forty of the small counties don't have any providers and there will not really be enough money. Small counties of about 100,000 or less may form a risk pool and set up regional providers. From the mental health perspective most every director would recommend taking the risk.

Dr. Cohen said she was concerned about the consolidation of public health, about the lack of infrastructure, and about the ongoing cuts. MediCal will only be a small part of the whole picture.

Mr. Jue replied as follows: I think you're blending different things. DMS has $5 million in city general fund monies. Most other cities don't. We also draw MediCal and have improved it by $7-8 million in the last few years. We're cut because we have City funds that are higher than elsewhere. So that's why we're the target.

Mr. Brandon made the following points: It's unfortunate that we don't have more time to deal with this. This is a major policy change. This would be an excellent opportunity to get public input and get other resources to give us input. Then we would be in a better position to make a decision. Under the 7th *Whereas*, do you mean Napa hospital?

Mr. Jue replied as follows: All acute hospitals are included. Mr. Brandon said, "No, state funds are not used for that." Mr. Jue replied as follows: Yes, Napa is not eligible for MediCal. County MediCal is being consolidated with private fee-for-service MediCal. Mr. Brandon asked how Napa funding works. Mr. Jue said that under realignment money is transfer to the City. Mr. Brandon said, "But doesn't the State hold the money for the counties?" Mr. Jue replied as follows: Where the money actually sits, I don't know. It's there; it's ours. We authorize a payment to the State every month for the use of Napa.

Mr. Brandon continued as follows: Where I was concerned about this section is that the State might no longer have a separate account for the County—all the funds would come to the County and the County could allocate almost down to zero for hospitals unilaterally without any relationship to the State. Now we are going from 97 to 87 beds, giving up $1 million as revenue.

Ms. Block made the following points: My impression of what you are saying is that they sell the beds and the money comes into DMS as revenue—but not particularly for the people taken out of Napa. Mr. Brandon replied as follows: Under the proposal a county could just decide not to buy any hospital beds at all. Ms. Block asked if the question of citizen oversight related to this, and asked if the endorsement should be given with conditions. Ms. Planck added that there is also the question of the future of the MHB under managed care.

Mr. Brandon asked that here be a moratorium on the sale of Napa beds for 5 years unless approved by the MHB, the Health Commission, and the Board of Supervisors. Mr. Jue replied as follows. Before you get to that, I'd recommend a statement about he redirection of those funds. What you're saying is true, but another way to look at it is that we could take the cuts from somewhere else.

Mr. Brandon replied as follows: So you take it from the weakest and most vulnerable place—with no advocacy. With no new services for these people. Someone has to protect these people. Someone has to stop this hemorrhaging. I think we need to put a condition in our endorsement—it's draconian to put in a condition for 5 years—but you can come and ask for approval from the MHB, the Health Commission, and the Board of Supervisors. There's got to be a balance. You have to provide resources in all areas.

We have to protect these people. At least let the public make the decision. If they say we don't want any hospital beds, then so be it.

Dr. Cohen made the following points: I want to support Everett, though not in that exact form. We really do need some mechanism for accountability for how cuts are being made. There should be no more long-term care cuts until we are assured that there are services in the community to take care of those clients. The plan now seems to be shortening of eligibility. There is no long-term place. So we create a system of musical beds. I feel we are eliminating adequate long-term core services. We need to talk about what kind of oversight and authority there is over making decisions about long-term care.

Mr. Jue continued as follows: The cut that is proposed to the Board of Supervisors will be heard on June 23rd and 25th before the Supervisors. That $1.5 million cut should be restored and it can be proposed by this Board. I've talked about this for months before the MHB and the Health Commission.

Mr. Brandon responded as follows: I hear what you're saying, but I don't think it changes anything. You can talk before the Board of Supervisors—be there at 1 and be heard at 6 p.m. You don't get a chance to talk about the details of the policy issues.

RESOLUTION: That the Mental Health Board endorse the letter of intent of the County to take on managed care—but that conditions be added to the endorsement, conditions which are to be developed in the Executive Committee meeting of June 29, 1994. (Moved, seconded, passed.)

Mr. Fischer made the following points: Aren't there really two issues: Everett's issue and the budget. But on this letter of intent, it seems like a yes or no matter. The question seems to be does this resolution make it easier for DMS to make budget decisions. Does it remove any controls? I don't see that it does. If it does then it is an understandable concern. Dr. Cohen said that it does remove controls.

Mr. Brandon said that he was clear what he'd like to do. He said he'd like to have a moratorium on the sale of Napa beds. Mr. Fischer asked if these weren't separate issues and asked what the linkage was. Mr. Brandon responded as follows: They are attached in the sense that this provides for all funding. The State will not hold back anything. Right now the State holds back funds for Napa beds. At least that's some control. But even then there is a significant loss of beds. This is the population that suffers the most because no one speaks for them.

Mr. Fischer said that aside from the procedural decision, the substance of the issue is of concern. He asked Mr. Jue what it would do to his budget. Mr. Jue replied as follows: W e could cut other services. It would be good to get the Napa money redirected to services for those clients.

RESOLUTION: That the MHB should send a letter to the Board of Supervisors, stating that the MHB believes that $1 million cut by the sale of Napa beds should be restored, and that failing that, that money should be redirected to services for the population of clients who would be using Napa services.

Ms. Block said she recommended devoting a meeting of the MHB to the clients Everett had been speaking about.

V. MHB COMMITTEE REPORTS AND ACTION ITEMS

Executive Committee

The MHB Retreat (Attachment B) is being planned for either September 10th or 24th.

RESOLUTION: That the MHB write a letter expressing its concerns about and opposition to SB 1368 (Senator Peace) regarding restrictions on residential care facilities. (Moved, seconded, passed.)

Issues & Public Interface Committee

RESOLUTION: That the MHB send the letter in Attachment G expressing its concerns about and opposition to SB 1759 (Senator Kopp) regarding increased powers for pharmacists. (Moved, seconded, passed.)

RESOLUTION: That the MHB send the letter in Attachment G expressing its concerns about and opposition to item 4260 in the Governor's Budget Bill regarding the MediCal drug formulary. (Moved, seconded, passed.)

Cluster & System Oversight

The draft letter in Attachment E was reviewed by Dr. Cohen, who added the following: Drastic changes were made in the target population criteria after the working group finished its work, but it did not come back to the CTF or the MHB before being implemented.

Ms. Planck noted that there are two issues being raised: 1) process, and 2) content: Do you like what it says now and how did it get there.

Dr. Cohen added the following points: The work of the working group was negated by moving chronically ill to the 2nd priority after acute clients. They should not have to go back to the hospital. Once someone is defined as severely mentally ill, they should get care whether or not they are in an acute condition.

Mr. Jue responded as follows: With regard to the process, I didn't personally track it. Our policy is full disclosure. If there's a breakdown of the process then I want to correct it. The restrictive grid was developed when we were facing $30 million cut, and there was no assurance of funding for more than 6 months. I saw a draft of what the working group had done and said it should be run through the process. If it didn't go back to consumers, I'll look into it. There's been a standing practice that all stakeholders be

invited to participate in the development and review of policies. I don't think there was any intent to bypass review. If there was a problem, it was an oversight. I will speak to the person responsible.

Ms. Block said that if Mr. Jue agreed to look into the matter that there was then no need to send the memo.

Consumer/Family Member Task Force
Ms. Spanglet said that there was concern in the last meeting about the centralized placement process turning to managed placement. She also said that the CTF said that the Grievance Procedure would be reviewed at 6, 12, and 18 month intervals.

Provider Task Force
Kevin McLaren reported the following: The PTF is currently looking at its mission and is restructuring the Task Force. Providers run a real scope, and they do not always have the same interests. The PTF is concerned about getting direction from the MHB and knowing what the MHB considers the PTF's charge to be. We would still like to have a liaison from the MHB.

Ms. Mah agreed to consider serving as the liaison.

VII. PUBLIC COMMENT

Mr. Callagy spoke about the Pharmacy Benefits Management (BPM) proposal (Item #4620 in the Governor's Budget Bill), making the following points: This would affect mental health clients. At my pharmacy, we do about 15 Board & Care homes and mental health facilities. We go out to some of the larger residences. If an outside group takes over the PBM, they will be out to make money, and they will want to work only with the major pharmaceutical companies, because then they will have to cut fewer checks. In the long run this will cost the state more because people won't take their medications. If they have to wait till the next day to get their meds, they may not come back. Now we fill prescriptions in a few minutes and deliver it. The majors won't do that.

Mr. Leoni announced a lobbying day in Sacramento on June 15, 1994.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:10 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
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MEETING OF THE FULL BOARD

Wednesday, July 13, 1994
1380 Howard, 4th Floor Conference Room
7:00 p.m.

AGENDA:

I. CALL TO ORDER, APPROVAL OF MINUTES

II. VISIT FROM ANGELA ALIOTO (See flyer)

III. REPORT OF DEPUTY DIRECTOR (Attachment A)

IV. SAMHSA GRANT RENEWAL (Attachment B)

V. COMMITTEE REPORTS, ACTION ITEMS
- Executive Committee
- Issues/Public Interface
- Cluster, System Oversight
  - Case Load standards at Citywide Case Mgmt (Attach.C)
- Children's Committee
- Consumer/Family Member Task Force
- Provider Task Force
- MHB reps. to DMS, other committees

VI. SITE APPROVAL - **Office of Self Help Community Center** (Attachment D)

VII. PUBLIC COMMENT

VIII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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4. Individuals with severe allergies; environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

You are invited
to join us for a visit with
our distinguished MHB member

Angela Alioto

President
Board of Supervisors

at the July 13th meeting of the
Mental Health Board
1380 Howard Street
7-9 p.m.

✧

President Alioto
will be first on our agenda
so please be sure to arrive on time!

Dept. of Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, July 13, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Supervisor Angela Alioto; Norma Block; Pamela Balls Organista, Ph.D.; Janice Cohen, M.D.; Robin Cooper, M.D.; Darwin Dias; David Fischer; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner.

BOARD MEMBERS NOT PRESENT: Everett Brandon.

OTHERS PRESENT: Jeff Jue (DMS); Mary E. Harris; Kevin McLaren (Provider Task Force, Thunderseed Day Treatment); Mike Wise (Resident of Board & Care Home, Consumer); Mark Adamek (Consumer); Mike Callagy (Arrow Pharmacy); Armando Sosa (Community Advisory Board, SFGH); Jon King (Psychiatric Emergency Services, SFGH); Art Fogel (SF Depressive/Manic Depressive Association); M.P.R. Howard (El Tecolote); Steve Leoni; Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:03 p.m.

RESOLUTION: That the minutes of the meeting of May 11, 1994, be approved as submitted. (Moved, seconded, and passed.)

Mitchelle Tanner, a new member of the Board, appointed to a Consumer slot by Supervisor Sue Bierman, was introduced, and then the other Board Members introduced themselves.

Dr. Cooper announced that she recently had an operation for cancer. She said the cancer is expected to be treatable, and the prognosis is very good, but she will be having radiation and chemotherapy. She said she will be deciding whether to continue as a Board member or whether to become an adjunct member instead.

III. REPORT OF THE DEPUTY DIRECTOR

This item was taken out of order, since Angela Alioto would be arriving at 7:30. Mr. Jue made the following points in addition to the written report attached to these minutes:

Things have been like a hurricane. There have been three phases of budget cuts: a) $37+ million cut in January. b) A cut due to the passage of the library and police staffing initiatives. We had 2-3 days to turn out a $1 million cut option and a $6 million option. c) State budget cuts resulting in a $14 million cut to DPH.

Thank you to everyone who came out to the Budget Committee and the Beilenson hearings. It was especially important to hear the consumer testimony about the value of the services provided.

Today we may be out of the storm, due to a budget/revenue plan that has been put together by the Budget Committee, Sandra Hernández, the Mayor's Office, and the Controller's Office. (He distributed a handout which detailed the revenue strategies.) There will be a 1% salary savings across all City departments, except Muni, Fire, and Police—and DPH due to a 2.5% salary cut already made. In DMS we have 14 positions frozen, almost permanently. They are clinical positions. We also have a voluntary leave without pay program that is helping to save on salary costs.

With regard to the proposed Property Transfer Tax increase, Margel Kaufman, a realtor and a member of the Health Commission, said that there are fees charged elsewhere that San Francisco doesn't charge, and that the additional fees paid in San Francisco can be deducted from federal taxes, so the property owners won't be losing money in the end.

Regarding the fire at Chateau Agape, we were able to do placements for 20+ people within 4-6 hours. Eighteen are permanently placed. Agape was an intensive program. Fifteen of the beds were for people with HIV and mental health issues. These were not easy placements. It looks like the building will be out of commission for at least a year. The people who lived there lost everything they had.

II. VISIT FROM ANGELA ALIOTO, PRESIDENT, BOARD OF SUPERVISORS

President Alioto made remarks as follows: I'm sick this evening, but I saw you put out that flyer, and I couldn't possibly not come—that's Catholic guilt!

Mr. Miles made the following introductory remarks: We know you are our strongest supporter for mental health and have been for years. President Alioto continued as follows: Let me state that we couldn't do it without Jeff Jue. He's an amazing department head for a difficult department and he really cares. I thank God for him every day.

I'm not at all happy about what happened at the Budget Committee today, though I am glad to see that $14 million has been found. Ed Harrington certified the plan and I hope

it's for real, because it's the people who will get hurt if it doesn't work. Because if any one of these options fail, what I bet we'll get are mental health cuts first, and then substance abuse cuts. I'm concerned about drug rehabilitation services—that $3.2 million for drug rehabilitation services has not been found. I told Sandra Hernández that I would send the budget out for a vote on Monday, based on the fact that the $3.2 million can be found. Most everything is being funded for a year.

The Center for Special Problems, which I feel has become like a child of mine, is funded for 6 months and I'm very worried about it. I want to have everything set for the whole year, so we don't come to January and there are more cuts that have to be made.

We already did $37 million in cuts this past January and DPH takes a bigger percentage of cuts every year. Other departments have fat, whereas DPH is a skeleton.

Mr. Fischer asked how the votes stand. President Alioto responded as follows: I read in the papers that the Mayor will not sign the $9.5 million Property Transfer Tax, unless there is a veto proof majority. Mr. Fischer asked about which Supervisors should be targetted for calls. President Alioto replied as follows: Kevin Shelley—it's out of character for him to not be supporting this tax. Also: Conroy, Kaufman, Leal, and Maher. But once the real estate industry has sent out their flyer with Supervisors names on them, it's very difficult to get Supervisors to change their positions. The argument for the Transfer Tax is why not pay it to the local government instead of the federal government. The real estate industry has never mentioned that.

Mr. Fischer continued, saying: I was shocked by how low closing costs are when I recently bought a house in San Francisco. It's much cheaper than in Virginia where I lived before.

President Alioto continued: The Controller is saying that the feds owe $11 million—how come they can't get all of that? Why are they making a conservative estimate of $3 million? I don't know what more I can personally do to get departments to do their job. They go over budget...

Ms. Tanner asked the following: Can you make this public? There are a lot of people who have a lot of energy, but they need to know what to do. Mr. Miles asked about a ballot initiative for mental health, like the one for the library or Proposition J. President Alioto responded as follows: It'll never fly. Mental health is not a priority.

Dr. Cooper made the following points: We're salvaging programs, but we're cut so deeply, we're not sure we're in a position to develop new systems which will have to compete in a marketplace we've not been in before. We're concerned that private health care providers could leave the City with the burden of the sickest and most in need clients, but without resources.

Dr. Cohen added the following: This looks like a systematic dismantling of public health. But mental health is a special concern, because there is not a private sector equivalent of public mental health services—and no one wants to pick it up privately. This is a really different picture than in the case of physical health.

Dr. Cooper continued: This speaks for city government finding much more significant revenue—beyond what's needed to save our services this year.

President Alioto replied: I have 3 colleagues who think all mental health crisis centers should be closed. They don't believe in mental illness—"It's all in your head, it doesn't exist" (as one supervisor told me). I am convinced that there is a group of people who meet on a regular basis, who want to close SFGH, and that they are easing us toward privatization of the City hospital. Police are saying that they dump 35 people who they've picked up on 5150's in Gold Alley every night, because there's no place to take them as things now stand. The idea is to put us in as much pain as possible over SFGH to make us give in. I was told that the county hospital in Sacramento was bought by U.C. Davis 15 years ago and that it's the model for what should happen in SF. I have to find out more.

I like UCSF, and hospitals in general—places that take care of people, but SFGH should be a county hospital forever. There are not enough votes to pass a revenue package to save SFGH under this Mayor.

Dr. Balls Organista then asked what citizens can do. President Alioto responded as follows: Elect two new progressive supervisors, and get a new Mayor. Dr. Balls Organista asked who she would recommend. President Alioto replied: Tom Ammiano and Mabel Tang—two very good progressive people. We currently have three solid progressive votes. I voted for amnesty for people cited under Matrix. So did Sue Bierman and Terence Hallinan.

Another topic which makes me very emotional is AFDC mothers and the poor. The Department of Social Services brought us a proposal to freeze the COLA increase for GA and AFDC, which meant $6.30 per recipient per month. On the same day, Carole Migden came with a proposal to increase the salaries of police brass $10,000, when the base pay was already $120,000 per year. It made me so angry I could hardly speak.

Dr. Cohen commented as follows: If the situation is that the process is so politicized, what about implementing district-based elections to lower the cost of campaigns and the idea of neighborhood-based budgetting.

President Alioto replied as follows: I'm for 6 supervisors being elected by district and 5 citywide; that's the Boston method. I love to get elected citywide. (The only precinct I lost last time was my own block.) I enjoy representing everyone. I don't mind the campaigning. The fundraising is a nightmare and has to be reformed.

Mr. Miles noted his concern about public employees participating in politics, specifically the probation officers. President Alioto replied as follows: You're speaking of the ones trying to get Fred Jordan fired? Frank Jordan has targetted black department heads. Mr. Miles asked: How can the Board of Supervisors stop this kind of lobbying? President Alioto replied: I don't think we can. Even the Catholic Church showed up this week with Don Solem as their lobbyist.

Ms. Spanglet then invited President Alioto to speak at the public health rally on July 25th, and said that she was thankful for how helpful it's been to have Lester Olmsted Rose and Jerry Windley participate on the Mental health Board, and added that she would like to see Mr. Windley at the meetings more. President Alioto replied that he's on too many boards, and doesn't have a minute to himself. She said that she has the best staff in City Hall.

Mr. Samples noted that the federal government puts out listings of mental health programs that are supposed to be operating in San Francisco, but which in fact no longer exist. President Alioto replied as follows: I know exactly what you mean. For example, we don't have a 24-hour crises center since Mt. Zion Crisis closed.

Ms. Jones noted that it's harder and harder for small children to get into the health centers for preventive care like immunizations. She said Governor Wilson is saying people are beating a path to California's door because of the great healthcare services, but yet when you go to one of those health centers, there is a 5-month wait. She noted the contradiction and added that she is angry about the $6.30 being taken from GA and AFDC recipients, too.

Mr. Miles asked for an update on her homeless plan, to which President Alioto responded as follows: I love my homeless plan. It has 25 outreach workers going out to pick up people. I'd love to do it myself. The police would have nothing to do with it. Homelessness is not a police issue. I would like see people being brought into an emergency placement for 5 days, and then they would go out to the providers. I would like to see us spend the $50 million we spend on beds instead of administration.

Three of the deputies to Henry Cisneros at HUD like the New York plan, and mine is very much like the New York plan. If we get a plan like mine going for 6 months, the feds will match us dollar for dollar—but not if Matrix is going. When I hear Frank Jordan saying he's received a letter from Cisneros supporting Matrix as compassionate and progressive, I know that Cisneros just has not gotten the information about what Matrix really is. I saw myself on national TV pushing a cop up against a police car for arresting a homeless man who just was getting a cup of soup. We don't have the votes on the Board for my homeless plan. It's in limbo in committee. It's a package, including 14 pieces of legislation.

Mr. Howard, a member of the audience, commented that if SFGH closes, private hospitals won't be able to handle all the people currently being treated at SFGH, and 3 hospitals would collapse under the weight.

President Alioto replied as follows: It annoys me that the closure of SFGH is being discussed. It's like sowing seeds. Three private hospitals in San Francisco are in danger, because of a low census. PMC is down 50%. St. Francis is losing a big portion of its beds. St. Lukes has been in bad shape for a long time. In fact, I see the closing of SFGH as being a big help to the privates. Not everyone at SFGH is indigent.

Dr. Cohen added the following: But SFGH has already lost a lot of paying clients to private hospitals.

Mr. McLaren, a member of the audience, asked in reference to certain departments overspending their budgets, what kind of accountability there is for civil servants. President Alioto said that if she were Mayor she would call in the department heads and tell them that they can't overspend their budgets anymore. She said if you don't get hard core with them, why would they do anything different. She noted that the Port is firing low end staff and hiring high end.

Mr. Fischer said that he was a manager in a federal government agency for 30 years and he never had the option to overspend the budget. President Alioto said that unless you get tough with department heads, there's no reason for them to obey the rules. Ms. Tanner asked if the Mayor is the only one who can hold department heads accountable. President Alioto replied that she can't interfere with departments, that as a Supervisor she can only cut their budgets.

Mr. Miles thanked President Alioto for attending the MHB meeting. She said she will see if she can send one of her interns to the meeting when Jerry Windley can't make it. She said she didn't know that the MHB had voted against the Matrix program. She invited Mr. Miles to call her at home and let her know about resolutions like that which the Board passes.

IV. SAMHSA GRANT RENEWAL

RESOLUTION: That the MHB write a letter stating that it has reviewed and supports San Francisco's request for continuation funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Family Mosaic Project, the Adult Integrated Service System, and the Children "set aside" requirement. (Moved-seconded-passed.)

VI. COMMITTEE REPORTS, ACTION ITEMS

Executive Committee

A full-day Board retreat is scheduled for September 24th, and this will be held in place of the regular September 14th meeting.

Everett Brandon will be asked to form an ad hoc committee on long-term care.

Ms. Planck explained that the MHB has been told by Paula Jesson of the City Attorney's office that the MHB is not allowed to take positions on state legislation on its own authority. She noted that there is a process for getting legislative positions approved through the City's State Legislative Committee. It was decided that the City Attorney's Office will be asked for a written opinion on this issue.

Mr. Miles noted that he had attended the recent statewide meeting of the California Association of Local Mental Health Boards. He noted that there is still a consumer vacancy on the MHB, and that the appointment will be made by Supervisor Barbara Kaufman.

Ms. Planck announced that she had had a meeting with Margaret Crane, who has a grant to do public education/media work on mental health—such as billboards, bus signs, TV spots.

VI. SITE APPROVAL

Roy Crew, Director of the Office of Self Help presented details of the plan for establishing a Community Center in a building at 167 Fell Street. Mr. Fischer who had been to the site to inspect it on behalf of the MHB said that it is a light, airy building, clean, and in a good neighborhood. He said he had talked with police who patrol that area, and they said it was a safe neighborhood. Mr. Fischer said he recommended MHB approval.

RESOLUTION: That the MHB send a letter to the Health Commission stating that the MHB has reviewed the site at 167 Fell Street and recommends approval of the site for the Community Center to be operated by the Office of Self Help. (Moved-seconded-passed.)

Issues & Public Interface

Ms. Spanglet noted that Item 4260 in the Governor's Budget Bill regarding pharmacy issues had been defeated. She said Senator Peace's Bill SB 1368 regarding the locating of residential centers had also been defeated.

She thanked everyone who testified before the Health Commission and before the Board of Supervisors during the Beilenson Hearing. She noted that a rally in support of public health had been scheduled for July 25th at City Hall.

RESOLUTION: The the MHB send a letter to Margel Kaufman to commend and thank her for her public support of the Property Transfer Tax increase. (Moved-seconded-passed.)

Mr. Miles thanked Ms. Spanglet for her hard work throughout the budget process to keep the Board informed of steps that needed to be taken and when. He said he felt she was an excellent speaker and thanked her for giving him lots of good advice.

Cluster Oversight
Dr. Cohen said that the issue in Attachment C regarding the Citywide Case Management case load increase was being withdrawn until the committee could meet and deal with some new information that had come in.

VII. PUBLIC COMMENT
Mr. Howard made an argument in favor of moving the rally on July 25th from 4 p.m. to 12 noon in order to have it take place before the Supervisors vote instead of after the fact.

Mr. Leoni noted that Supervisor Hsieh in the Budget Committee meeting had asked people to start calling Supervisors to urge them to support the budget/revenue package, including the Property Transfer Tax. Mr. Leoni also noted that the Property Transfer Tax is deductible from federal capital gains taxes, so under the PTT proposal, property owners would not lose any money, but would only pay it to the City instead of to the federal government.

IX. ADJOURNMENT
In closing, Mr. Miles said that the MHB is working very hard, and that he appreciated being part of it. He thanked the Board for getting out and publicly dealing with issues of mental health.

There being no further business, the meeting was adjourned at 9:20 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

DEPT. OF PUBLIC HEALTH

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MEETING OF THE FULL BOARD

Wednesday, August 10, 1994
1380 Howard Street, 4th Floor Conference Room
7:00 P.M.

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AGENDA:

I. CALL TO ORDER/APPROVAL OF MINUTES

II. REPORT OF THE CHAIR (See Attachment A)

III. SPECIAL PRESENTATION: VOCATIONAL SERVICES
Fran Gomory, Director of CVE and Chair of the Vocational Task Force will give an overview and answer questions.

IV. REPORT OF THE DEPUTY DIRECTOR

V. MHB COMMITTEE REPORTS AND ACTION ITEMS
- A. Executive Committee
  - •MHB Award policy (Attachment B)
  - •Adjunct Team (Attachment C)
- B. Issues & Public Interface
- C. Children's Committee
- D. Cluster & System Oversight
  - •Citywide Case Management Case Loads (Attachment D)
- E. Consumer/Family Member Task Force
- F. Provider Task Force
- G. MHB Representatives to DMS, other Committees

VI. PUBLIC COMMENT
Members of the public may have 3 minutes each to comment on any issue under the purview of the MHB, unless there has already been an opportunity to address the same subject earlier in the meeting.

VII. ADJOURNMENT

SAN FRANCISCO MENTAL HEALTH BOARD

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ADOPTED MINUTES
Wednesday, August 10, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Supervisor Angela Alioto; Norma Block; Pamela Balls Organista, Ph.D.; Everett Brandon; Janice Cohen, M.D.; Robin Cooper, M.D.; Darwin Dias; David Fischer; Maria Leib; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner.

BOARD MEMBERS NOT PRESENT: Lois A. Jones; Suzanna Mah, R.N., M.S.N.; Rich Samples.

OTHERS PRESENT: Jeff Jue (DMS); Bob Surber (Citywide Case Management; SFGH); Mike Wise (Resident of Board & Care Home, Consumer); Sheila Hembury; M.P.R. Howard (El Tecolote); Pam Fischer; Steve Leoni; Mary Sue Planck (MHB); Rich Snowdon (MHB).

PRESENTERS: Gerald Bartholomew (Conard House); Fran Gomory (Community Vocational Enterprises); Glenda Jeong (Keystone Vocational Enterprises); Carol Wilcox (Community Vocational Enterprises); Jennifer Wilcox (Conard House); Dave Wilkinson (Community Vocational Enterprises).

I. CALL TO ORDER/APPROVAL OF MINUTES
The meeting was called to order by Mel Miles, Chair, at 7:05 p.m.

RESOLUTION: That the minutes of the meeting of July 13, 1994, be approved as submitted. (Moved, seconded, and passed.)

II. REPORT OF THE CHAIR
Mr. Miles announced three "Chair's Choice Awards" and presented them as follows:

To Phyllis "Quotable Quote" Spanglet: The only Board Member who gives the reporter an exuberant hug after the interview and so energizes him thereby that he prints her quote twice in the same article!

To Dr. Janice Cohen, "The Bill Graham of Mental Health Rallies": For saving the rally of July 25, 1994, at City Hall, against all the odds, and turning it into an event that rocked and rolled and got the message across!

To Steve "Marathon Man" Leoni: For his service as Mental Health's Representative-in-Residence at City Hall—testifying on French Toilets, the Property Transfer Tax, and the Stealth Charter all in the same Board of Supervisors meeting and then going home at 10:30 that night, having stayed up til 3 a.m. the night before painting rally signs!

Ms. Block, then asked Ms. Planck, Executive Director of the Mental Health Board to come forward, and presented her with a plaque which read as follows: "To Mary Sue Planck, For Ten Years of Service: You combine a heart of gold with efficiency, compassion for consumers, and an excellent working knowledge of the mental health system in San Francisco."

Mr. Miles then continued with the Report of the Chair as follows: I attended the recent statewide meeting of the California Association of Local Mental Health Boards and Commissions, and found that they were interested in some of the SF MHB's activities like setting up the adjunct team and engaging in fund raising.

I've asked Everett to chair an Ad Hoc Committee on Long-term Care. I hope Jeff will be involved. I'd like to ask others to volunteer for this committee.

The Program Assessment Committee will be meeting twice to set up a new system for doing the program reviews. See Mary Sue about it if you are interested.

We'll be holding our all-day planning retreat on Saturday, September 24th, at the San Francisco Tennis Club.

III. SPECIAL PRESENTATION: VOCATIONAL SERVICES

Ms. Gomory, Director of Community Vocational Enterprises and Chair of the Vocational Task Force (VTF) introduced the other presenters and made the following points: The VTF has been in existence since 1990 formally, and before that was meeting informally. The membership has been growing. The VTF meets once a month to exchange information and support and to do special projects. The VTF held a very successful conference in June, with 140 people in attendance.

Carol Wilcox then made a presentation as follows: I'm the Cafe Supervisor. I have been with CVE for 2 years. I came to San Francisco in 1991. After a lot of struggle and looking for help I came to CVE. I knew I wanted to work. Initially I worked one day a week then increased my shifts and hours and now am the Cafe Supervisor, working 32 hours a week—and sometimes more if no one is looking. I love being around people who care about the same things I care about.

Mr. Wilkinson then made a presentation as follows: I am a recovering alcoholic and drug addict, and I am the CVE Office Manager. I was on methadone for 17 years. In 1988 I decided to go cold turkey on my methadone, and ended up losing my apartment and living on the street for 2-1/2 years. I recycled in and out of the wards and jails.

Finally a policeman found me in Golden Gate Park. I was bleeding internally and couldn't move. The doctor told me to quit drinking or die in a year. I chose life. I went first to the Salvation Army Detox Center, then to Baker House, instead of being recycled back to the streets. Work made me feel good about myself. I volunteered for the SPCA and became a cat socializer then then came to Keystone and CVE. I worked one hour a week as a bookkeeper. Baker Place hired me to work in the mail room at 1380 Howard Street, where I also picked up computer skills—Mary Sue let me borrow the computer in the MHB office.

I continued to increase my hours of work. Work is the fuel for my recovery. Last July I was hired full time as Office Manager. I love my job; it's very rewarding to help people. I get to hand out checks to client employees. It's wonderful to see people's faces light up when I hand their check to them. It's not just the money, but a symbol who what they are doing with their lives.

Mr. Bartholomew made a presentation as follows: I'm currently working at Conard House and have been there for the past year and a half. I am the supervisor for the janitors. I give people training in janitorial work. I got into it through the Dept. of Rehabilitation. I was homeless for 2 years in 1991 and 1992. I had no where to go and no work.

The support I got at Conard and at Voc Rehab gave me an incentive to do something with my time. Medication helps a lot and time with my therapist helps pull me through. I think there is a great need for mental health clinics. I want to thank the Board for being concerned about individuals like myself, and I want to thank the doctors and everyone. I feel now I am needed in this world.

Jennifer Wilcox noted that Conard has several in-house programs of employment and that they also have a job developer who places people in outside jobs. Ms. Gomory added that Keystone has a job developer and does the same.

Ms. Spanglet asked the presenters what they would recommend to DMS regarding vocational services.

Ms. Gomory made the following points: CVE has grown every year, but still we have very limited staffing—7 people. This is tremendous compared to when I started; then it was just John Brauer and myself. But still, more is needed. I think clinicians need to be more open to the need of clients to do work; attitudes need to change.

Jennifer Wilcox agreed that help was needed with changing attitudes. She said her program has opened to referrals from outside the mental health system because not enough people from in the system were being encouraged to take advantage of Conard's vocational services.

Ms. Spanglet noted that a lot of clinicians can't grasp that a lot of people in the mental health system can get out of the system.

Ms. Jeong said she agreed and said that's why the VTF did the conference in June—to get that message across, that people may be mentally ill, but still they have aspirations and with support they can be working again.

Mr. Wilkinson noted in response to a question that CVE has 65 people on its payroll currently, and 135 unduplicated clients so far this year. Jennifer Wilcox said Conard has 50 people in in-house training and that they work with 2-300 clients per year. She said last year the job developer placed 25 people in outside jobs. Ms. Jeong noted that when people get placed in outside jobs, follow up support is provided. She said that when something is going wrong, employers will often call in time to save the job. She said if a person is not able to handle a job and recognizes that and leaves before getting discharged, that is counted as a positive, as a learning experience.

Mr. Fischer noted that he is a customer twice a day at Expresso Thyself, which is run by Conard House, and he said that it is the best cafe in San Francisco.

Ms. Gomory said that the Center for Special Problems has set aside money in their budget to hire two Consumer Specialists.

She noted that people do well with a lot of support in the early phase, but when they are discharged from their day treatment program or their therapist, that's the problem time. She said CVE/Keystone is developing an Employee Assistance Program to help people through that problem time.

Ms. Block said she noted that the presenters stressed that they get self esteem from working, and that therapists need to understand this. She asked how they deal with stigma.

Ms. Jeong said they sometimes go into a company to do presentations on the American With Disabilities Act, and then get a chance to feel out the employer for the possibility of hiring mental health consumers.

Ms. Gomory added the following: Consumers speak for themselves. People come to us because they want to; the onus is on them. I've seen people who in their day treatment program sit and stare at the ceiling, come in to our program and are very responsive and responsible.

Mr. Wilkinson said that he is frequently cast as a success story and that he always self identifies as a consumer. He said he works with all kinds of people, and they can see he is doing a good job.

Ms. Jeong said that when people get comfortable and disclose, that makes the situation more personal. Ms. Gomory added that 9 times out of 10 when someone discloses to co-workers they hear the response: Oh, I have a sister (or other relative) who has mental illness.

Mr. Brandon strongly recommended vocational programs for people in locked facilities.

In response to a question from Ms. Tanner, Ms. Gomory said that all their clients are trained to deal with a crisis at work, that they are trained to be in the problem solving mode. She said clients can also call into the office for ideas or support in the middle of a crisis or problem.

Mr. Howard said that the programs presented sounded interesting, but that he had seen similar programs back east which had a drawback, namely that the kind of jobs people were placed in did not raise self esteem, but in fact damaged it. Jennifer Wilcox said that the job developers work closely with each individual and make placements according to what the individual wants, so they in fact are placed in jobs that promote their self esteem.

Mr. Jue noted that many jobs at 1380 Howard—reception, clerical, mail, data entry— are held by consumers under Rule 34, and said that DMS' experience with that has been extraordinarily positive.

IV. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue provided a written report which is attached to the official copy of these minutes. He then added a few points as follows: With regard to the budget, there is now the threat of the Mayor having a line item veto. The delay on managed care implementation is both good and bad. It gives us more time to plan, but still, we should jump into it as soon as possible.

Mr. Brandon ask if the numbers attached to Mr. Jue's report were correct, noting that he thought there had been 400 beds at Napa not long ago and the highest number in the chart was 287. Mr. Jue said he would check on it, noting that some figures are client admissions, and some figures are beds. He said forensics is not included in the numbers in the report.

Mr. Brandon asked if the Board could return to this issue. Mr. Miles replied that when the Long-term Care Committee has come together, they should help the Board frame the kinds of questions it needs to ask. Ms. Planck noted that it was already planned that a whole Board meeting would be set aside for discussion of long-term care. Dr. Cohen offered to help get more information for the Committee.

Ms. Spanglet asked if there is a date for the opening of the new facility at SFGH. Mr. Jue said there was no date set and that DMS is still struggling with licensure, legal

problems, and funding strategies. He said the building is 90% completed and that money has been identified for the start up.

V. MHB COMMITTEE REPORTS AND ACTION ITEMS

Executive Committee

In reference to Attachment B, Ms. Spanglet made the following points: I was the one who brought the issue of awards up in the Executive Committee. I didn't really have something quite this broad in mind. One example was Margel Kaufman, who as a realtor is speaking out publicly in support of the Property Transfer Tax. She said she knew she was going to lose clients because of this. I wanted some special recognition of her and also the Budget Committee, which has gone way beyond the call of duty to save mental health. I wanted to recognize people who have put their careers on the line. Tom Hsieh has done a spectacular job.

Dr. Cooper said that she supported Phyllis' concept, and that she wouldn't want to have the Board have to figure out annual awards.

RESOLUTION: That the MHB will present awards as recommended by the Executive Committee and by Board members on a case by case basis, rather than have a set of annual awards. (Moved-seconded-passed)

RESOLUTION: That the application for Adjunct Board Members in Attachment C be approved with the one exception that in the statement to be signed by the applicant, the word "discretion" be substituted for the word "pleasure." (Moved-seconded-passed)

RESOLUTION: That the three people listed in Attachment C as possible Adjunct Board Members, be asked to complete an application and that everyone invited to apply be asked to complete the application before the Board votes on accepting the candidate onto the Adjunct Team. (Moved-seconded-passed)

RESOLUTION: That Rich Samples, Suzannah Mah and Lois Jones be granted leaves of absence for this meeting. (Moved-seconded-passed)

Cluster and System Oversight

Dr. Cohen reviewed Attachment D. Bob Surber was then asked to speak and made the following points: Fourteen years ago, Steve Goldfinger and I wrote the proposal for Citywide Case Management. It was intended as an adjunct, with treatment being integrated into case management. We've been quite pleased because CWCM has repeatedly demonstrated that it can decrease hospitalization. We think we have paid for ourselves. Most such programs around the country have a staff to client ratio of 1:8. The PAC program, the only one proven effective by research, has a 1:12 ratio. We had been running at 1:18, then last year we were asked to increase to 1:20 and agreed. We agreed to transfer more stable clients to clusters, as appropriate. We feel we've created a model as effective as possible. We're not just concerned about our program but about

caseloads system wide. We're concerned that decisions are being made based on numbers not client need. We have to use our resources effectively, but there comes a point where you try to do too much for too little and you end up doing nothing for anyone.

Dr. Cooper said that this really crystalizes the key problem—the capacity problem—do we support richer services to those we serve or more diluted services to greater numbers of clients.

RESOLUTION: That the MHB write to Linda Wang, saying that: As long as Citywide Case Management is the only intensive clinical case management service set up specifically to provide long-term community services for clients, and unless DMS shows performance standards for other case management programs to do the same amount of work with the same client population, the MHB feels that it would be destructive to this unique program to impose increased case load requirements and recommends that this not be done." (Moved-seconded-passed)

Provider Task Force
Ms. Jeong noted the following: The PTF has revised its Mission Statement and is working on recruitment to increase the diversity its providers. It has also revised its guidelines for participation, emphasizing active participation rather than just membership. It is focusing some energy on the training needs of providers, and is helping to advocate for providers who are laboring with fewer resources.

Consumer/Family Member Task Force
Ms. Spanglet reviewed recent CTF issues and noted that it will be electing a new Executive Committee at the next meeting.

VII. PUBLIC COMMENT

Mr. Howard asked that his "comment" on page 6 of the minutes of the last meeting be changed to "question." He asked if PES had been out of service for a day last week. Mr. Surber responded that PES has not been out of service or on diversion for years. Mr. Jue noted that there was an incident of broken windows and the PES was shut down for 2 hours because of the safety issue arising from that. Mr. Surber added that people were cared for in the clinic areas, so that in effect there was no break in PES services.

Mr. Leoni urged people to call and write letters to members of the Board of Supervisors in support of the Property Transfer Tax increase which will be before the Board on August 29th, and in opposition to cuts in mental health programs.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:10 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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SPECIAL ANNOUNCEMENT

The Mental Health Board
of San Francisco

will not meet at our regular time
on Wednesday evening, September 14th from 7-9 p.m.
This meeting has been cancelled.

Instead we will be holding an all-day Planning Retreat
on September 24th from 9 a.m.-5 p.m.
in the Mission Bay South Meeting Room
at the San Francisco Tennis Club
located at 645 5th Street.

We'll return to our regular schedule in October. Our meeting will be held on October 12, 1994, from 7-9 p.m., which is the second Wednesday of the month. We'll be sending you an agenda for this meeting during the first week of October.

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MEETING OF THE FULL BOARD
Wednesday, October 12, 1994
1380 Howard, 4th Floor Conference Room
7:00 p.m.

AGENDA:

10 min I. CALL TO ORDER/APPROVAL OF MINUTES. INTRODUCTIONS

30 min II. COMMITTEE REPORTS, ACTION ITEMS
- Health Commission composition: ACTION (See Attachment A)
- Anti-Stigma Campaign - IPI Committee: Request for MHB Authorization to Proceed: ACTION (See Attachment B)

10 min III. ADJUNCT TEAM : ACTION (See Attachment C)
- Sally Green
- Steve Leoni

10 min IV. MHB MISSION STATEMENT From Retreat: ACTION (See Attachment D)

30 min V. REPORT OF DEPUTY DIRECTOR

20 min VI. REPORT OF THE CHAIR

10 min VII. PUBLIC COMMENT PERIOD

VIII. ADJOURNMENT

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UNADOPTED MINUTES

Wednesday, October 12, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Norma Block; Pamela Balls Organista, Ph.D.; Everett Brandon; Janice Cohen, M.D.; Darwin Dias; James Jonasson; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Supervisor Angela Alioto; Robin Cooper, M.D.; David Fischer; Mitchelle Tanner.

ADJUNCT BOARD MEMBERS PRESENT: Sally Green; Steve Leoni.

OTHERS PRESENT: Jeff Jue (DMS); Armando Sosa (Community Advisory Board, SFGH); Mike Wise (Resident of Board & Care Home, Consumer); M.P.R. Howard (CTF & El Tecolote); Brian Cheu (Human Rights Commission); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:05 p.m. Mr. Miles introduced James Jonasson, a new member of the Board, appointed by Supervisor Barbara Kaufman to a Consumer Position.

RESOLUTION: That the minutes of the meeting of August 10, 1994, be approved as submitted. (Moved, seconded, and passed.)

II. COMMITTEE REPORTS, ACTION ITEMS

RESOLUTION: That the letter in Attachment A, addressed to Jim Wunderman of the Mayor's Office regarding the appointment of a mental health practitioner to the Health Commission be approved and sent, with the exception that the words "or psychiatry" be struck from the second sentence of the first paragraph. (Moved, seconded, passed.)

Ms. Spanglet gave the background on the anti-stigma campaign proposed by the Issues & Public Interface Committee. She noted that the request from the Committee was to do

preliminary work on developing the proposal for the campaign and that the Committee would bring the proposal back to the full Board for approval before proceeding further. Ms. Block added that the Committee would welcome input from other Board members as well.

Mr. Dias said that he thought the campaign is a good idea, but that it seemed to him that it should be handled by another organization, and was a kind of advocacy the MHB should not be doing.

Mr. Brandon made the following points: This is a very, very critical and important thing to do. It's important to educate the public about mental illness, what the reality is, what advances have been made, and where we are today. I'm glad to see the Committee is considering bringing in other resources.

RESOLUTION: That the Issues and Public Interface Committee be authorized to do preliminary work on developing a proposal for an anti-stigma campaign, and that the Committee should subsequently bring the proposal back to the full Board for approval to proceed with the campaign itself. (Moved, seconded, passed.)

III. ADJUNCT TEAM

Mr. Miles introduced this item by making the following points: Two people have been invited to become Adjunct Members of the Mental Health Board of San Francisco: Sally Green and Steve Leoni.

The Board wanted the adjunct process to be as democratic as possible and to be a fair process. Any Board member can recommend someone for consideration as an adjunct member. That recommendation is then submitted to the Executive Committee where it is screened and then is sent on to the full Board for approval.

I think it would be inappropriate to discuss an individual's qualifications in front of the whole Board. I have a concern that it would deter people from applying if that was part of the process. Therefore, I believe it's appropriate to bring this item directly to a vote.

RESOLUTION: That Sally A. Green be appointed as an Adjunct Member of the Mental Health Board of San Francisco as of October 12, 1994. (Moved, seconded, passed.)

RESOLUTION: That Steve Leoni be appointed as an Adjunct Member of the Mental Health Board of San Francisco as of October 12, 1994. (Moved, seconded, passed.)

Mr. Miles congratulated Ms. Green and Mr. Leoni as the first two Adjunct Members in the history of the MHB, and told them that they were to have all the same privileges as full members of the Board, with the exception of voting privileges. He added the following: When I mentioned the adjunct idea at a statewide meeting, other MHB's really liked it. Sonoma County put the adjunct membership idea into practice two

months ago. So even though we came up with the idea, they beat us to it in terms of putting it into effect!

IV. MHB MISSION STATEMENT

RESOLUTION: That the following Mission Statement be adopted by the MHB:
The Mental Health Board of San Francisco represents and ensures the inclusion of the diverse voices of consumers, family members, citizens and other stakeholders in advising how mental health services are administered and provided. Through its state and city mandates, the MHB advises, reviews, advocates and educates; with the aim of having that advice integrated, incorporated and reflected in implementation of mental health policy; toward the ultimate goal of ensuring quality mental health services.
(Moved, seconded, passed.)

V. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue distributed and reviewed copies of a written report (attached to the official copy of these minutes) he had prepared for the Board. On item 2 regarding Parents Helping Parents, he congratulated MHB Member Lois Jones for her active role in keeping parents informed and educated. He said that the series of meetings she instituted, bringing various department heads together to hear parent complaints about system abuse. He said that while the meetings were painful, they were very productive and that the department heads were so moved by the parents' testimony that have decided to continue the meetings to make immediate improvements as well as to develop statutory changes in the system.

Ms. Santos asked about the status of SB 895 regarding restraints. Mr. Jue said he would find out what the status is.

Mr. Brandon asked for further explanation on the item on coordinated care, specifically what had happened to the 18% of clients without a coordinated plan. Mr. Jue responded as follows: Being entered into coordinated care means two things: 1) the client agrees to and signs a care plan, and 2) the client's number is registered for the purpose of MediCal reimbursement. The 18% not yet registered are mostly those who are new to the system. The care plan has to be completed in the first 60 days of treatment. Mr. Brandon continued as follows: It seems this is a very important development in the system. Perhaps we should have a presentation on coordinated care so we can stay on top of it.

Involuntary detention is increasing, is that because more people are not getting care? This seems like an important figure. It's important that with the closing of facilities, people are being, in a sense, criminalized. Mr. Jue replied as follows: This is the difference between need and demand. This is demand. This is a hard figure. This is part of the effort to demonstrate the impact of the cuts and the demands on the system in concrete figures.

Ms. Jones asked about the state lottery money for children that is supposed to go to the State Department of Mental Health. She asked if it would just be used for school-based programs. Mr. Jue said that his best guess was that it's not going to be a huge amount of money, and that it will be for the Primary Intervention Projects.

Dr. Cohen brought up concerns about he Mayor's Committee on the Continuum of Care. She invited Mr. Jue to send representatives to meetings being held by the Housing Action Committee of the Mental Health Association which is focusing on service development. Mr. Jue said he would be glad to send someone. Dr. Cohen then recommended that the MHB get an overview of what the Quality Improvement Committee has done so far and what issues are open at this point.

Mr. Samples asked how coordinated care relates to managed care. Mr. Jue replied as follows: You have both generic and name brand versions of managed care. Managed care in general is a generic term for care provided in a quality way that is cost-effective and with ready access for clients. In that context, there are some who support those principles and many who are suspicious that this is just another way to cut costs. In terms of the steps being taken by the State Dept., the overall guiding principle is to provide and protect, ensuring access, ensuring responses to consumer questions and issues.

Coordinated care fits in with this. The idea is not to have a person have to go through another intake for each service they are provided with. There is one point of entry and one record. There is one person to work with in writing up the care plan.

Ms. Mah said that where she works as a psychiatric nurse, she sees a lot of 5150'ed clients coming in who are inappropriate admissions. She asked is this is related to admission criteria. She said most of the time it is being done inappropriately and that people are being admitted who are not really in the 5150 category.

Mr. Jue said that the language of 5150 is fairly precise, but that the rest is a matter of judgment. He said 33% of the 5150's made are made by police, with another 20-30% being done by staff from other medical services. He said that evaluating the standardization of interpretation is a tough issue. He said that the kind of questions that need to be answered are: Do we have too many 5150 authorities out there? What would happen if that number were diminished?

Ms. Santos added the following: Some 5150's are inappropriate. I've interrupted some of them, like police dumping someone who's drunk but who clears in a few hours. The 5150 process is supposed to be used for mental health issues. It's the only provision that allows psych receiving services to be the dumping ground for drug and behavior problems that get translated into mental health issues.

Mr. Miles asked if there was an increase in 5150's in recent years because people see this as a quick way to deal with long-term problems. Mr. Jue said he would provide the Board with a document that DMS is currently working on, which includes 5150 information from a statewide study. He said that 5150 data was proving to be an enigma. Mr. Miles said it would be interesting to compare 5150 rates with arrest rates during the same period, to see if there is any connecting link between 5150's and the overall crime rate or the public's perception of the crime rate.

VI. REPORT OF THE CHAIR

Mr. Miles called attention to the packet of materials from the Board Retreat and then made the following points: It's obvious that we need to restructure committees. Jeff has agreed to have a DMS representative attend the meetings of each Committee.

I have not been impressed with the participation of members on our committees. Perhaps this is because our committees have not been broad enough in their range. I am looking right now at the possibility of setting up 8 committees. That seems like a lot, but we will be adding adjunct members. Some of the committees I'm thinking of now that I'll submit to the Executive Committee include: Long-Term Care (which would meet quarterly), Budget, Program Review, Public Relations, Communications (using computers and modems to build a communication structure among MHB members), Children's Services, Fundraising (a SFMHEF Committee), and an Ethics Committee.

Why an Ethics Committee? I get a lot of phone calls from members about the manner in which they are approached by other board members. The Ethics Committee would develop guidelines; we'll talk with the City Attorney's office about the legal aspects of this.

It's important for all board members to use their talents and pursue their interests. That's why I think an expanded committee structure is needed. Also we want to be able to relate to what DMS is doing. I will be taking a new committee structure to the next Executive Committee meeting, so the Board will be able to look at it at its meeting in November. I will also be calling each of you for your input.

Ms. Block said that she wanted to support the idea of a DMS representative attending the Committee meetings. She said that when she attended the recent meeting of the Program Review Planning Committee, it was an enormous help to have Sherry Barto there.

Mr. Miles continued with the following points: I've been concerned about not having enough contact with the Consumer/Family Member Task Force, and have been thinking that we might also want to bring outside groups into our committee structure. The MHB might even consider the chair of certain groups as adjunct members of the Board. It's important to try to bring groups into partnership with this Board and with DMS. The attitude of us vs. them is out of date. We can still be advocates. We can disagree with DMS, but we can disagree and still be partners in our work to stop the

bleeding of funding. Mr. Brandon added the following: I think it is a two-way street and would hope they'd have the same attitude toward us.

VII. PUBLIC COMMENT PERIOD

Mr. Sosa introduced himself and let the Board know that he was attending the meeting as a representative of the Community Advisory Board at SFGH. He discussed the issue of parking at SFGH and complaints from the neighbors, as well as complaints about the proposal to put up a new building on 22nd Street. He invited MHB members to attend CAB meetings.

Mr. Wise introduced himself as a member of the Socialization Committee of the Residential Task Force of DMS and made the following points: A proposal for a socialization program had been drawn up, along with a budget and had been submitted to Mr. Jue. Mr. Jue liked the idea of the program, but had concerns about the size of the budget. So we went back to the drawing board and came up with a survey which is to go out to all clients covered by the Community Aftercare Program to find out their interests and needs. It's good for us to feel like a community with other houses. People are being released from their day treatment programs at an alarming rate, and end up sitting at home all the time. This socialization program would be good for them, and help them get out and be with people.

Mr. Howard discussed the issue of parking at SFGH, as a resident of the neighborhood, saying that the neighbors are concerned than when new programs start up that there be corresponding new parking developed as well. With regard to the 5150 data, he noted an increase in the past 15 years of 5,000. He asked if there were any correlation between that and people being pushed out of programs prematurely. Mr. Jue replied that both DMS and SFGH staff are looking at exactly that question.

Mr. Cheu introduced himself as the former supervising attorney at Patients Rights Advocacy Services. He said he has lots of comments about the questions raised regarding 5150's, which he would be glad to share with the Board at another time. He said he is now working at the Civil Rights Commission, and is interested in becoming an adjunct member of the Board.

Mr. Leoni said he felt the parking issue at SFGH was tied in with mental health because of the new L facility. He said he felt the image of mental health was at stake with the broader community. He said he felt it was important to show that people in mental health value the concerns of the community, and that this might help with other NIMBY situations in the future.

RESOLUTION: That Mitchelle Tanner be granted a leave of absence for this meeting due to illness. (Moved, seconded, passed.)

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 8:40 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
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MEETING OF THE FULL BOARD

Wednesday, November 9, 1994
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA

10 min **I. CALL TO ORDER/APPROVAL OF MINUTES , INTRODUCTIONS**

20 min **II. COMMITTEE REPORTS, ACTION ITEMS**

- Executive Committee:
  - Grievance Procedure (ACTION - See Attachment A)
  - Adjunct Team - Application from Brian Cheu (ACTION - See Attachment B)
- Standing Committees
- Task Forces
- MHB Reps to DMS, Other Committees

40 min **III. PRESENTATION - Long Term Care: Panel Discussion**

- Lori McMahon, Ph.D., Program Development Specialist, Napa State Hospital
  (See Flyer for other panelists)

20 min **V. REPORT OF DEPUTY DIRECTOR**

20 min **VI. REPORT OF THE CHAIR**

- Selection of Nominating Committee for 1995 Election of Officers
- Consideration of Cancelling December Meeting (ACTION)

10 min **VII. PUBLIC COMMENT**

VIII. ADJOURNMENT

MENTAL HEALTH BOARD
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Featuring the following panelists:

Lori McMahon, Ph.D.
Program Development Specialist, Napa State Hospital

Jerry Veverka
San Francisco Alliance for the Mentally Ill

Mike Wise
Consumer Member, Residential Task Force

Roy Crew
Office of Self Help

Jo Ruffin
Division of Mental Health and Substance Abuse Services

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What are the problems? What's needed?
Who are the clients? What does the future hold? ?

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Dept of Public Health

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UNADOPTED MINUTES
Wednesday, November 9, 1994, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Norma Block; Pamela Balls Organista, Ph.D.; Everett Brandon; Janice Cohen, M.D.; Darwin Dias; James Jonasson; Suzanna Mah, R.N., M.S.N.; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner.

BOARD MEMBERS NOT PRESENT: Supervisor Angela Alioto; Robin Cooper, M.D.; David Fischer; Lois A. Jones; Maria Leib; Rich Samples.

ADJUNCT BOARD MEMBERS PRESENT: Brian Cheu; Sally Green; Steve Leoni.

OTHERS PRESENT: Jeff Jue (DMS); John Brauer (California Pacific Medical Center); Leonard Stein; Steve Hansen (Westside Community Mental Health); Lauren Ward; Kevin McLaren (Provider Task Force & Thunderseed Day Treatment); M.P.R. Howard (El Tecolote); Mary Sue Planck (MHB); Rich Snowdon (MHB).

PRESENTERS: Lori McMahon, Ph.D. (Program Development Specialist, Napa State Hospital); Jerry Veverka (Executive Committee, California Alliance for the Mentally Ill); MikeWise (Consumer Member, Residential Task Force); Roy Crew (Director, Office of Self Help); Jo Ruffin (Division of Mental Health and Substance Abuse Services).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:10 p.m.

RESOLUTION: That the minutes of the meeting of October 12, 1994, be approved as submitted. (Moved, seconded, and passed.)

II. COMMITTEE REPORTS, ACTION ITEMS

Executive Committee

Mr. Leoni briefly reviewed a supplement to Attachment A which he prepared for the MHB and the Consumer/Family Member Task Force. He noted two special concerns: 1. That consumer advocates are not included in the procedure, due to budgetary reasons, and recommended that in lieu of that, the number of times consumers are notified about

the Procedure be increased. 2. He recommended a 3-day response time for people who are homeless or at risk of homelessness who file a grievance. He said that with those two issues taken care of he would recommend approval of implementation. He explained that DMS has already agreed to reviewing the procedure at 6, 12, and 18 months.

RESOLUTION: That the Grievance Procedure, dated October 27, 1994, (Manual Number 3.11-03) be approved for implementation, with the proviso that there is still a formal process for revising or correcting it as the need arises, and that specifically the following points be addressed in the future:

- **The requirement for semi-annual review be retained.**
- **A 3-day turn around limit rather than 10-day for DMS to respond when the client in question is homeless or at risk for homelessness. (Current wording simply says "expedite".)**
- **The requirement for explaining a consumer's rights regarding grievances needs to specify how often and at which points this be done. A single explanation or document to sign, given at admission, when many clients are very disoriented (and being deluged with papers to sign, rules and procedures to understand), is clearly not sufficient. It should be required that the consumer's Grievance rights (along with other Patients' Rights, medication information, etc.) be explained periodically - at least every few months; more often with consumers who are new to the system or if they were in an especially confused state at admission.**
- **The Procedure will be available in English, Spanish and one Chinese language (Cantonese). It must also be made available in every language spoken by DMS consumers.**
- **This Procedure applies only to clients of the Adult and Geriatric systems. A Children's Grievance Procedure will of necessity be different; it needs to be worked on soon.**

(Moved, seconded, passed.)

Mr. Jue thanked the Board for its vote and said that he was intent on making the process as consumer friendly as possible.

Adjunct Team

Mr. Brandon made the following points: I want to make a motion to accept Brian Cheu as an Adjunct Member, but hold the appointment until there is further clarification of the Adjunct Team. I have a real concern about the Adjunct Team. I am concerned about having others participating equally and diluting the Board. The Board needs to solidify together and the responsibility remains with the Board members. Why does it take so long for us Board members to understand what is going on.

Ms. Planck commented as follows: We're hoping that the committee structure will help...Mr. Brandon continued as follows: I have a problem with the committee

structure. The Adjuncts can come and go. They have no position in the legislation. We need more clarity about how they are going to operate.

Mr. Miles noted that the adjunct positions are evolving. He said perhaps there needed to be an ad hoc committee to work on this issue. Mr. Brandon said he felt the Executive Committee should take the issue back and give it more definition. Ms. Planck suggested seating Mr. Cheu as an Adjunct Member and then freezing any further action on adjuncts until Mr. Brandon's concerns were addressed. Ms. Block agreed with that proposal. Mr. Brandon said he had no problem with making the appointment, then.

RESOLUTION: That Brian Cheu be appointed as an Adjunct Member, but that no further adjunct appointments be made until the Executive Committee reviews the issue of the Adjunct Team and brings further definition back to the Board. (Moved, seconded, passed.)

Dr. Balls Organista asked that anyone having second thoughts about the Adjunct Team call someone on the Executive Committee to let their concerns be known. Mr. Miles said that the adjunct position has been left flexible. Mr. Brandon said that he sees a problem with the flexibility.

RESOLUTION: That Brian Cheu be appointed as an Adjunct Member of the Mental Health Board of San Francisco as of November 15, 1994. (Moved, seconded, passed.)

Committee Structure

Mr. Miles made the following points: The Executive Committee has proposed a committee structure which I've written up and is in your handout. But I want to get feedback from the full Board, because the committee structure is the heart and soul of the Board. Ms. Planck asked that everyone return their forms with comments by November 30th, the date of the next Executive Committee meeting.

Ms. Spanglet asked how the goals voted upon at the MHB Retreat fit into the proposed committee structure. Mr. Miles said that the diversity of committees covers the goals as decided upon at the retreat. He noted that the structure is also designed to have DMS staff on each committee on an ongoing basis, to make a more effective working relationship with DMS.

Mr. Brandon commented as follows: I'm happy to see the Program Committee in place. We need a committee to follow up on issues the Board can't keep up with. In the past, the Policy & Planning Committee and the Issues Committee worked very effectively to do that. In the past, the MHB was a committee-driven organization. I would like you to consider that.

Dr. Cohen said that in addition to input from the full Board, there should be input for other approaches to fulfill the goals of the Retreat, and that people should be able to put in alternative approaches beyond the proposed committee structure.

Mr. Miles commented as follows: This is designed to be an inclusive process. Every member of the Board will have a chance for input. We need to have a committee structure that the whole Board can get behind or else we won't reach our goals.

III. PRESENTATION Long-Term Care Panel Discussion

Mr. Brandon introduced the panelists and said he had been trying for a long time to get a presentation on long-term care.

Dr. McMahon made the following points: Most of my career has been in community mental health. I worked as Program Chief for the City of Sacramento for 17 years. I've been at Napa now for one and a half years. It's a new experience to be in an institutional setting. I wanted to do clinical work. I wanted to see if we could make changes at Napa that could help serve some of the critical needs of counties around the state.

I won't spend a minute telling you we should keep Napa as it is, because it is too expensive. But Napa could serve as a regional program. Other counties are leasing part of the hospital to use for treatment of people under 60 with organic brain syndrome (OBS). Most counties don't have enough OBS clients to have a full scale program for them. We've found they do much better if they are separated from the general mental health population. They seem to do better with a low stimulus environment. We have perhaps 150 beds now for OBS.

The reason it can be cost-competitive is that counties lease the facilities—the State doesn't run the programs. A third party runs it as a medical facility instead of an IMD. We could do this for about $200 a day. Highview (a program at Napa) is $180 a day.

We are working with 4 counties which have leased 3 houses on the Napa grounds, which were previously used for employees. They have brought in a provider and licensed it as a social rehabilitation facility, which means the doors can be left unlocked. It's a much more normalized environment. It comes in around $15-17,000 annually. Most counties pay $30,000 annually for an IMD bed, and $100,000 annually for a hospital bed. This is an alternative to IMD's; it's cheaper and much better for the clients.

Currently we are working on setting up a short-term acute program for children. The state hospital Medi-Cal is not yet consolidated. The county gets the base amount of money each year. The only way now to expand Medi-Cal money is to use the hospital, which is an irony. The hospital can collect $4-500/day from Medi-Cal, and so we need to charge counties only about $150 a day. We will do evaluations including SED evaluations. We can send the child back to the county SED qualified.

We are looking at a target population statewide of 60-80% dually-diagnosed clients. It makes sense that the hospital would take another 6-8 houses and make them into social rehabilitation facilities for dually-diagnosed people.

When I arrived at Napa, I found that there was an excellent education program on substance abuse. I was very impressed with the effect it has on the people in the program. This structured program is much better than the standard day treatment program. We could use that same program in those 6-8 houses, but make it last 4-6 months, and work very intensively with community services to bring people back to the community in a structured and successful way.

These are just some of the ideas we've started with. We have encouraged the client network to set up a branch office at the hospital to help train staff in being client sensitive. We are working with the Mental Health Directors Organization and UC Davis to set up a conference center—an Asilomar North— to reduce the cost of training. We can use that facility for a low-cost training center and then do more and better trainings. UC Davis is interested in helping to get a grant for a training institute and also to do research.

If we get the hospital core to do what it does best, and what no one else can do, and then use the rest of the facility for ancillary services, that seems the best way to proceed.

Mr. Veverka made the following points: It's good to hear some creative thinking coming out of Napa. My experience in past years is that it was an arrogant institution that could charge whatever it wished. Most comments in the last 2 years have been about how to get people out, because it costs so much. I am concerned about the dollars not following those clients to meet their ongoing needs.

Mr. Crew made the following points: Dr. McMahon has taken my staff through Napa, and I'd like to offer to take MHB members to Napa to see it for themselves. I also want to tell you what I saw in Tennessee. They have a mobile crisis team that goes out to the client at home, in a hotel room, wherever the person is to make an assessment. If the person needs hospitalization, they have contracts with the local hospitals, but they have no psych units like we do at SFGH. As an alternative to hospitalization, a consumer or provider comes to stay with the client at their residence. The Governor closed a hospital and offered grants to people who could come up with alternatives. They have day treatment programs that go up to 7 days a week for people who need a place to go every day. They also put money in the Board and Care budgets for outings so people get out into the community a lot.

Mr. Wise made the following points: I want to talk about long-term care as I see it, on a daily basis, living in a Board and Care. There is a crisis in long-term care. The population I'm most involved with are the people who come back to the community from the hospital. The demand continues to rise, and has always been on the rise, while the supply of housing is diminishing. Part of what they are up against is licensing, and the overall objections of neighborhood associations, and funding issues. I'm trying with all my might to help people when they come out of the hospital.

Ms. Ruffin made the following points: We have to provide a long-term care system. It doesn't have to be all in beds. We need some beds and a whole range of community services. How much of each is what we're all involved in planning.

Cuts occur in Napa beds when counties face severe fiscal crises, and this has led to developing alternatives. We have an instinct to look back to 5 years ago and say, "Who picked our pockets; where did the resources go?" We've gone from 207 beds down to what we're working toward this year: 87 beds, because we had to take a $1 million cut. Where else could we take that cut without devastating many programs. We've had 5 years of those kind of decisions. That's where the resources have gone.

The long-term care beds currently in the system total 87 and there are 506 beds in alternative and L-facilities. We have not lost beds, but have changed where they are. In addition there are 185 beds which we will have at the L-Facility on Potrero. Originally the idea was to close the out-of-county beds and use the in-county facility. We have to ask the questions: Can we afford to do that? Should we bring everyone back from the state hospital? How many beds do we really need?

Realignment and other changes have increased the quality of care and staff that the hospital. There are several new step-down programs, and partial hospitalization like Wellspring, that are very creative. I hope the state hospital will survive. We need to think of the hospital like a bull's eye, having at the 1st level, core services, at the 2nd level, regional services, and at the 3rd level , very specialized resources.

The new program in Oakland at Highland Hospital is a regional program for people who are organically impaired and who have a 25 year psych history. It used to be that there was no expectation that these people could improve. Sixty percent of the people we moved there were bed-ridden. But now they are up and moving, and it's clear that our expectations have been too low.

II. COMMITTEE REPORTS (Continued)

Mr. McLaren announced that the Provider Task Force has seated several new members and the PTF is in the process of setting up their committees and their process for the next year. He said they were very glad to have Dr. Balls Organista as their MHB liaison.

Ms. Spanglet announced that Mike Wise of the Consumer/Family Member Task Force had come up with the idea of a Mental Illness Film Festival and Forum in conjunction with the Anti-Stigma Campaign. With regard to the Issues and Public Interface Committee, she reported that Visicom, a visual and graphic design firm had agreed to donate its services *pro bono* for the Campaign. She said the projected kick-off date for the Campaign is October 1995. She also said that making the new Public Relations Committee an ad hoc committee was giving short shrift to one of the top priority goals set by the MHB at its retreat in September.

Ms. Santos announced that the Committee on a Culturally-Competent System of Care, with which she serves as the MHB liaison, had an all-day retreat on the preceding Monday.

Dr. Cohen invited everyone to attend the next meeting of the Cluster and System Oversight Committee. She said the Committee would be writing up a summary of their work, which might be included in an annual report in the future.

Mr. Miles announced that Ms. Block had received the honor of being invited by Dr. Hernández to serve on the new DPH community advisory committee on strategic planning. Ms. Block said that she had enjoyed serving on the DPH Ad Hoc Budget Advisory Committee to date, that it was a good committee with representatives from all over the system. She said Dr. Hernández is working hard to deal with the problems DPH is facing.

V. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue distributed and reviewed copies of a written report (attached to the official copy of these minutes) he had prepared for the Board. He made the following points: Yesterday's election will have an impact like Proposition 13: we will be dealing with it for the next decade. I'd recommend that the Board review and comment on the Mayor's 5-year plan for dealing with homelessness. Liz Resner or Luz Mary Harris could do a presentation. With regard to Proposition 187, since it is now in the courts, DPH has declared business as usual.

Managed Care

Mr. Brandon made the following points: This is a major revolutionary change. I'm uneasy and dissatisfied with the time given to review this issue. We don't have the analysis and we don't have the point of view of those who might oppose it. Dr. Balls Orgnista noted that the word is that the transition to managed care is going to happen no matter what.

Mr. Jue made the following points: The law has already been passed. We can say that San Francisco won't do managed cared and the state will just contract it out to a private organization. We're on a fast track and we are juggling a dozen different balls at the same time. Mr. Brandon asked if there was anyone opposed to the proposal to take on managed care. Mr. Jue said that he has attended ongoing meetings with a complete cross section of people representing all different sectors of the community and that he has not once heard of anyone opposing it.

Mr. Brandon asked how it would affect the budget. Mr. Jue said DPH is negotiating with the Controller's Office to have the managed care money be kept in a trust. He said that otherwise it would be very difficult, if not impossible, for DPH to become a competitor in the health market. He said there was very strong interest in protecting the money. He then continued saying that the approval he was asking for currently is just

to send a letter to the State of California saying that the City & County of San Francisco intends to take on managed care in the area of mental health.

Ms. Tanner made the following points: There is so much technical material in the mental health issues we are interested in, but we don't have enough time to gain expertise. I don't feel I can say whether this is a good thing. I'm thankful that you come to us and want to include us and show that respect for us. But I feel like I can't give an educated answer.

Mr. Brandon made the following points. We should not be passing the buck. How much does the Health Commission understand about this. We're the ones who are supposed to understand these issues. We are the ones who are familiar with the system. Mr. Jue replied as follows: Even with 40 hours a week to work on these issues, the rate of change is so accelerated that it's a hard struggle to keep up with it.

Mr. Jonasson added the following: As a Catholic bishop once said, "If everyone waited for things to be perfect, nothing would ever get done." I think if Mr. Jue and the people who have been working intensively on this are behind it, then we need to vote for it and fix it as necessary later on.

Dr. Balls Organista said that this is different than a review. She said this is a vote to support and that means the MHB is saying it's a good thing.

Mr. Jue said that he has not heard anyone oppose this proposal, period. He said he had heard questions and concerns and fears, but no opposition. Mr. Miles said that it seemed that there was nothing left to do but to give MHB approval along with all the frustrations and concerns expressed. He said that any Board members with specific concerns to include in the letter should let the office know.

RESOLUTION: That the MHB write a letter saying that it has received and reviewed the "Resolution Endorsing the Transfer of Funds From the State for the Implementation of a Medi-Cal Managed Mental Health Care System in San Francisco," a draft dated 11-4-94, and that Board concerns be included in the letter. (Moved, seconded, passed.)

Dr. Cohen said that she was concerned that the last time the letter did not include the concerns, such as that long-term funds follow long-term clients, and that there be consumer oversight.

Ms. Mah asked the following: How can we put in concerns since we don't understand it. Dr. Cohen replied that some people do have a good understanding of managed care planning and that the issues already articulated by the Board should be included.

Ms. Tanner, after checking on the deadline for the letter, stated that there should be a November 15th deadline for Board member concerns being into the office in order for them to be included in the letter.

Mr. Jue made the following points: I can make critical issues part of my regular report. I didn't see this issue as sneaking up on you or blindsiding you, because we had discussed it before. We can make such issues a regular part of my report. Let me know what issues you want covered. Mr. Brandon said that he didn't mean his comments to be a reflection on Mr. Jue. He said he honestly felt that Mr. Jue was the best director he's ever seen.

VI. REPORT OF THE CHAIR

RESOLUTION: That both Maria Leib and Rich Samples be granted a leave of absence for this meeting due to illness. (Moved, seconded, passed.)

RESOLUTION: That the MHB cancel the full board meeting scheduled for December 14, 1994. (Moved, seconded, passed.)

RESOLUTION: That Everett Brandon, Suzanna Mah, and Mary Santos be approved as the Nominating Committee, with the charge of presenting a slate of officers (Chair, Vice Chair, and Secretary) to the Board at its meeting on January 11, 1995. (Moved, seconded, passed.)

VII. PUBLIC COMMENT PERIOD

There were no comments from the public.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:40 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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The regular meeting of the
Mental Health Board of San Francisco
scheduled for Wednesday, December 14, 1994,
from 7 to 9 p.m. has been
CANCELLED.

The next meeting of the full Board will be
at the regularly scheduled time:
Wednesday, January 11, 1994
7-9 p.m.
at 1380 Howard Street.
The agenda for this meeting
will be sent to you at the beginning of January.